

**The voluntary contribution for this visit will be £5 per child**

Copies of written Risk Assessments for the activities (including Plan B) are available on request from the school/service.

For the visit and the journey to be a valid and safe educational experience, sensible active involvement is required from all participating children. To ensure that the maximum value is gained the school/service has particular requirements regarding conduct and behaviour. Your acknowledgement of this is essential (see attached consent form). If you require any further details, please do not hesitate to contact the school/service.

It is important that parents/carers contact the school/service prior to the visit if there has been any recent illness of which the Visit Leader should be aware. Furthermore, parents/carers should provide the school/service with any updated medical information and any changes to emergency contact numbers.

If desired, parents/carers may request to see the Lancashire County Council's Educational/Off Site Visits Policy and Guidelines and the school's own Charging and Remissions Policy.

**Notes:**

1. Please note that this visit is covered by Lancashire County Council's Public Liability insurance.\* There is no Personal Accident or Travel insurance provided for your child, which would cover injury or property loss/damage happening on the visit regardless of legal liability. If you feel that this is necessary, you will need to make separate arrangements.
2. In the light of unacceptable behaviour, the school/service reserves the right to deny a place for a student on the visits or return the student home.

(**NB** \*In the case of schools not maintained by Lancashire County Council, this statement will require amendment.)

**Important  
Parental/Carer Consent and Medical Information**

The attached consent form **must** be completed and returned to the School/Service **before** your child may participate in the visit/activity. Non-receipt of the form will mean that your child will not be able to participate in the visit/activity.

## Parental/Carer Consent and Medical Information Form for Type A Educational/Off-Site Visits

(This form is to be completed in full by the parent/carers and returned to the School/ Service)

**Details of Visit:**

Visit to: Clitheroe Castle

Alternative Activity (Plan B): N/A

From: 9am 16.6.17 (date/ time)

To: 3pm 16.6.17 (date/time)

Child's name: ..... Date of Birth: ..... Form/class: .....

**I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.**

**Emergency Details:**

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name &amp; Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name &amp; Address of Contact: .....

**Other Information:**

**Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:**

**Declaration by Parent/Carer:**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I have read the attached information provided about the proposed visit and the insurance arrangements.
- I consent to my child taking part in the visit and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

Signature of Parent/Carer ..... Date.....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carers in block letters: .....

Address: .....

**Note: This Completed Form to be returned to the School/Service.**

**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**