

# Parental Consent Form for Excursions Within the UK

## Parental Consent Form

Name of participant ..... Age .....

I confirm that I am the Parent/Guardian with parental rights and responsibilities for the above named.

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### Excursion Details

Excursion to: (location) .....  
on: (dates) .....  
Provided by: (establishment) .....  
and Led by: (party leader) .....

I confirm that I have provided up-to-date details about my child/ward and understand that I must up-date this information should there be any last minute changes that may affect the excursion.

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I confirm that I have received the activity information details accompanying this form. I understand the nature of the activity(s) to be undertaken by my Child/Ward and consider Him/Her fit to take part.

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I confirm that I have provided active contact details and understand that I should be available if required to collect my child/ward from the excursion venue.

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I confirm that I give permission for my child to be transported to fixtures either by school minibus or by a member of staff's car.

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I understand "Aberdeenshire Council provides third party public liability insurance for all our excursions. Parents who require personal injury or accident cover for their child/children should organise this privately".

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I confirm that I have read and understood the statement about insurance.

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I understand "The planned excursion will take place according to Aberdeenshire Council's Excursion Policy and a copy of the policy is available for inspection at [www.aberdeenshire.gov.uk](http://www.aberdeenshire.gov.uk) The excursion has been risk assessed and every effort will be made to minimize risk. Nonetheless a totally risk free environment is unrealistic and in signing the parental consent form I am asked to acknowledge that a degree of residual risk remains. It is not anticipated that risks will exceed those incurred in normal day to day living."

I confirm that I have read and understood the statement about Residual Risk

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For water-based activities only:

I certify that my Child/Ward *\*is / is not* water confident and that he/she *\*can/cannot* swim up to 50 meters.

Delete as appropriate.

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**Emergency contact Details**

It is important that either yourself or another adult prepared to take temporary responsibility for your child/ward is contactable for the duration of the activity/event. Please give details:

Name of person to contact Address .....

Home Tel No: ..... Work Tel No: .....  
Relationship to participant

Name of Parent/Guardian with parental rights and responsibilities:  
(Block Capitals) .....

Relationship to participant Address .....

Home Tel No: ..... Work Tel No: .....

Signature: ..... Date: .....