

Parental Consent Form

Swim activities at Aylsham High School KS2 2020/21

I am willing for my child _____ Class _____

to take part in the above and, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. However, as the school visited is local, every effort will be made to contact parents/guardians, if a problem occurs.

I understand the extent and limitations of the insurance cover provided, as detailed in the school brochure.

My child will have the following medication with them: _____

and be responsible for its administration. (i.e. inhalers).

My contact number for Friday Mornings is _____

Signed: _____ Date: _____