



Whitstone Community Primary School
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Whitstone
Holsworthy
Devon
EX22 6TH

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EDUCATIONAL VISITS/ACTIVITIES/TRANSPORT PERMISSION FORM

Child's full name _____

1. I give my permission for my child to take part in any educational visit organized by the school, to use the means of transport arranged by the school and to take part in any of the activities that are part of the visit.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child does not suffer from any medical condition requiring regular treatment OR

my child suffers from _____
requiring regular treatment (e.g. diabetes, asthma). (Delete as appropriate).

If your child suffers from a particular complaint, please enclose a letter giving details of the complaint and its treatment.

Signature of Parent/Guardian _____

Please print name _____

NOTES

The Local Education Authority through its employees and agents will at all times take reasonable care of your child and his/her personal effects and money.

If your child has an accident or suffers loss of or damage to his/her personal effects and money which is not as a result of any lack of care on the part of the LEA, its employees or agents, the LEA will not be liable to pay any damages or meet any expenses arising.

Similarly if your child incurs any liability towards a third party in respect, for example, of any injury caused by your child to that third party or damage caused to the third party's property the LEA will not be responsible for this unless it can be shown to be at fault in some way.

There is in force a policy of insurance in respect of this trip which provides cover for the matters referred to in the above notes. A summary of the policy of insurance is available in the school office for your inspection.