



PARENT/CARER CONSENT FORM FOR ALTERNATIVE PROVISION

This two-page form should be read with the accompanying information/letter about the placement. All sections must be completed. Please answer with details or by stating N/A (Not Applicable) for the medical and dietary sections. This information is requested to enable staff to be fully informed and act in the best interest of all participants.

GENERAL INFORMATION

Name of Son/Daughter: _____

Date of Birth: _____

School/Establishment: _____

Date(s) of placement: Sept '18 - Jul '19

Placement information: REACH alternative education placement, forming part of education provision for the student. Youth Work team, providing one to one and group placements, offsite from school, using the REACH base in South Petherton. Using Youth workers cars as transport, and a wide range of activities including group work, mentoring, life skills, outdoor education sessions, visits to sites / public amenities and activity providers across the South West of the UK. See supplied list of activities and objectives to be worked on. Please contact REACH direct to discuss activities and programme content / should you wish to arrange a visit.

MEDICAL INFORMATION

1. If your child has any condition or impairment that may require specific management, medical treatment and/or medication during the outlined activity/trip/visit please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. Can your child swim? _____

6. Family doctor: _____ Telephone: _____

Address: _____

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact the REACH prior to the start of the placement.

EMERGENCY CONTACT

Name of Parent/Guardian: _____

Address: _____

Emergency telephone: Daytime: _____ Evening: _____ Mobile: _____

Alternative emergency contact should parents/guardians not be available:

Name: _____ Relationship to child: _____

Address: _____

_____ Telephone: _____ Mobile: _____

PARENT/CARER CONSENT FORM FOR ALTERNATIVE PROVISION *(cont'd)*

DIETARY INFORMATION (residential visits only)

If your child has any essential dietary requirements please supply details:

DECLARATION

I understand that all reasonable care will be taken of my child during the placement and that he/she will be under an obligation to follow all directions and instructions given and observe all rules and regulations governing the placement and activities.

I understand that if my child is a cause of danger to him/herself or to others, then he/she may be sent home early from the placement day. In such a situation you and the school will be notified first.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by my son/daughter during the visit. I understand that all visits are covered by public liability insurance and I can contact the school/ REACH if I require further details. Please note the personal accident cover is **not** included in the cover provided by the school / REACH. It is the responsibility of the Parent / Carer to take our suitable personal accident cover, should they require it.

I agree to my son/daughter receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your son/daughter.

I give permission for my child to be photographed/film during this visit/activity (for possible use in displays/presentations, marketing materials for sending to the school)

Having been informed through the details supplied. I consent to my son/daughter taking part in this placement. This includes consent for him/her to take part in all of the outdoor activities, group work, one to one support and car travel opportunities supplied by REACH.

Full name of Parent or Carer (print please): _____

Signed: _____ Date: _____

EXPLANATORY NOTES - This form serves several important functions.

1. It confirms your knowledge of and your agreement to your child's participation in the placement.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about your child together with your consent to medical treatment if required.
4. It advises you that REACH, the school and Somerset County Council will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form is essential to enable your child to participate in the placement.
6. If you wish to discuss any of the contents of this form please contact the Director of REACH.
7. **Data Protection.** *The data collected by establishments from Somerset Local Authority, and Somerset County Council and REACH as the data controller, will fulfil its data protection obligations by treating all personal data, held manually and on computerised administrative systems with due care and confidentiality. Personal data will only be disclosed in accordance with the Data Protection Act 1998, and the purposes registered by Somerset County Council / REACH. Data collected is used for registration and monitoring purposes, and emergency contact information.*