



FORM C1

Parental Consent Form

Regular out-of-establishment visits/activities (Category A)

Name of School: St Patricks RC High School

For journeys away from the school lasting up to one day without overnight stay.

To the Headteacher,

I am willing to allow my son/daughter* _____ date of birth _____ to take part in activities away from the school base during the period 1st September 202_ to 31st July 202_, and for the form teacher, teacher in charge or Headteacher to sign on my behalf any forms of consent required by the hospital authorities in the event on my son/daughter* being ill or injured during the course of the journey or stay to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my own signature might be considered likely in the option of the doctor or surgeon concerned to endanger my son's/daughter's* health or safety.

All pupils are covered by the City Council's third party liability insurance in respect of any claim arising from an accident caused by a defect in the school premises or equipment or attributable to negligence by the City Council or one of their employees. These arrangements do not provide personal accident cover.

Signed _____ **Parent/Guardian** _____

Address: _____

Tel No: Home _____ **Mobile** _____ **Work** _____

If not available at above, please contact:

Name: _____ **Tel No:** _____

Address: _____

Name, Address and telephone number of family Doctor: _____

