

# NINE ACRES COMMUNITY PRIMARY SCHOOL

South View, Newport, Isle of Wight, PO30 1QP  
www.nineacrespri.iow.sch.uk 01983 522984  
Headteacher: Mrs E. Dyer BA Hons QTS, NPQH

We are **Articulate** We are **Passionate** We are **Persuasive** We are **Positively Influencing The World Around Us**

**'Striving for Excellence'**

## PARENTAL / LEGAL GUARDIAN ANNUAL CONSENT FORM – EV3

(For use with all Schools and Youth Groups)

School / Youth Group / Project

### NINE ACRES COMMUNITY PRIMARY SCHOOL

**FOR TRIPS WHICH ARE NOT ADVENTUROUS OR RESIDENTIAL:**

BETWEEN: **01/09/2023** AND **26/07/2024**

**EXAMPLES OF TRIPS THAT ARE COVERED BY THIS CONSENT:**

Day trips to the mainland, Sports fixtures, single day trips on the Isle of Wight

I agree to my son/daughter – **NAME:**

**DATE OF BIRTH:**

*Taking part in the above mentioned visit and having read the information sheet agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part.*

Does your son/daughter suffer from any condition/allergy, etc requiring medical treatment, including medication?

**YES OR NO**

(Please circle)

Is your son/daughter allergic to any medication?

**YES OR NO**

If YES, please specify.

(Please circle)

Has your son/daughter received a tetanus injection in the last 5 years?

**YES OR NO**

(Please circle)

Please outline any special dietary requirements of your child.

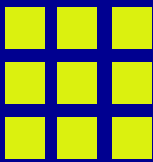
I undertake to inform the Headteacher as soon as possible of any changes in medical circumstances between the date signed and the end of the academic year.

**YES OR NO**

(Please circle)

**PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF**





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## DECLARATION

In the unlikely event of my son/daughter withdrawing from the trip, I understand that I will be responsible for any costs that cannot be recovered by virtue of the insurance cover provided.

I understand that I am responsible for any damage or injury caused by my son/daughter during his/her time away, except accidental damage or injury, and fully indemnify the organiser of the journey in respect of any financial loss which may be incurred in this way.

I give my unconditional consent to my son/daughter 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.

I consider my son/daughter to be capable of full participation.

I understand the extent and limitation of insurance cover provided. Note: Details of Insurance Policy in place can be obtained from the school office on request.

I may be contacted by telephone if necessary.

**My Home Address is:**

Postcode:

**My Contact Details are:**

Home:

Mobile:

Work:

**If not available at above, please contact:**

Name:

Address:

Telephone:

**Our Family Doctor is:**

Name:

Surgery Address:

Telephone:

**Signed: (Parent/Legal Guardian)**

**Date:**

/ /

**A copy of this form must be taken by the group leader on the activity.**

**A copy should be retained by the Home Base Contact**

