

OXFORDSHIRE COUNTY COUNCIL
EDUCATION SERVICE

FORM OA1

Establishment :

PARENTAL/GUARDIAN CONSENT FORM

Participant's name :

Proposed visit and activity(ies) :

I have read the proposed itinerary, activities, financial and general information for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.

I agree to inform the Head of Establishment of any change in my son's/daughter's medical or other condition(s) or any other relevant circumstances before the start of the visit.

I agree to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.

I understand the extent and limitations of the insurance cover provided.

Signed Date
(Parent/Guardian)

Name (Please print)

I can be contacted at :

Home Address :

Work Address :

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.....
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Telephone numbers :

Home :

Work :

Fax :

Fax :

Mobile :

Mobile :

E-mail :

E-mail :

If not available please contact :
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Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health and safety may be placed at unacceptable risk.

In such cases the decision of the Head of Establishment is final.