



## **Educational visit information and consent form**

-	name: Yr7 Victory Day, Historic Dockyard, otham ME4 4TZ	Date of Trip: 22 September 2023, 9.00am-2.30pm	
Stu	dent name	Tutor Group	
	Emergency Contact ar	nd Medical Information	
Plea	ase tick the statement that applies		
	I confirm that the school holds two current emergency contact details and up to date records regarding medical conditions affecting my child		
	Please update the school records with the follow conditions affecting my child	ving emergency contact details and/or medical	
	Emergency Contact 1 (Name)		
	Relationship to child		
	Emergency Contact number		
	Emergency Contact 2 (Name)		
	Relationship to child		
	Emergency Contact number		
	Medical Condition details (Please include details	of treatment plan/medication needed)	
	Consent for taking images		
	· · · · · · · · · · · · · · · · · · ·	d videos, we may like to use these in presentations, erial including Trust publications including websites and	
	In the event of any images of my child being take The Historic Dockyard, Chatham	en, I consent to them being used for the above and by	

We obtain this data to enable us to function effectively as an education provider or for statutory reasons. For further information on how your or your child's data is used, shared, kept secure and retained please refer to our Privacy Notice which is on the school website.

(Please delete as appropriate)

Yes

No

## **Overall Consent**

I confirm that I have parental responsibility for the above student and give consent for them to attend this trip on the date stated.

I understand that high standards of behaviour are expected of my child and confirm that my child will abide by the school code of conduct.

I understand that the school reserves the right to determine the composition of the group.

In the event of an accident I consent to any necessary emergency medical treatment, which might include the use of anaesthetics.

Signe	ed	Date
Pleas	se print name here :	
Conse	nt for travel arrangement – please select all that apply	
	My child will be dropped off at Chatham Dockyard between 8	3.30am and 9am
	I will be collecting my child from Chatham Dockyard at 2.30pm	m
	I give permission for my child to walk home from Chatham Do	ockyard at 2.30pm
	I give permission for someone else to collect my child from Cl	hatham Dockyard at 2.30pm
	Name of personRelation to chi	ld
Signe	ed	
(for p	participants under 18 years of age) - Person with parental response	onsibility
Print	Name	
Date		

Please return your response to your Form Tutor by Tuesday 19<sup>th</sup> September 2023