**ORMISTON BOLINGBROKE ACADEMY**

Around the World Project 2021-2022

OBA Parental Consent Form for attending the project and educational visits

**I understand that the Around-the-World-on-a-Saturday Project will run on term-time Saturday’s between 9.30am and 1.00pm (as per the programme plan and unless notified otherwise) and I give permission for my child to attend each week. As part of this agreement, I confirm that I have made/agreed suitable travel arrangements for my child to get to and from the academy each Saturday.**

**EMERGENCY CONTACT**

**Child Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Carer Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please give alternative contact if not available at the above, please contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Summary**

|  |  |
| --- | --- |
| **Emergency: Do you consent to your child receiving treatment in an emergency?** | **YES / NO** |

|  |  |
| --- | --- |
| **Doctor:** |  |
| **Practice name:** |  |
| **Address:**  **Postcode:** |  |
| **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Does your child have any special dietary requirements due to medical, religious, moral reasons or educational needs?**  **Please give details:** | |
|  | |
| Will your child need to take any medication during the day? If you answer yes please provide further information: | YES/NO |

**Please complete the medical information, below, about your child: (delete as appropriate)**

|  |  |  |
| --- | --- | --- |
| **Medical Questions** | **YES / NO** | **Further Details / Comments** |
| Has your child been immunised against tetanus in the last five years? | YES / NO |  |
| Does your child suffer from fainting attacks or blackouts? | YES / NO |  |
| Does your child suffer from fits or epilepsy? | YES / NO |  |
| Does your child suffer from diabetes? | YES / NO |  |
| Does your child suffer from asthma? | YES / NO |  |
| Does your child suffer from hay fever? | YES / NO |  |
| Does your child suffer from any allergies? | YES / NO |  |
| Does your child suffer from ear trouble? | YES / NO |  |
| Does your child suffer from illness, and/or injury not mentioned above? If yes, please give details including any infectious / contagious illness in the last three months and details of other illness / injuries or physical disabilities. | YES / NO |  |
| Is your child on any sort of medication / medical treatment at present? | YES / NO |  |
| Is any medication / medical treatment self-administered? please give details. | YES / NO | Name of medication:  How often taken: |
| Does your child suffer from travel sickness? | YES / NO |  |
| Does your child suffer from incontinence problems? | YES / NO |  |
| Can your child swim? | YES / NO | How far? |
| Are there any activities in which your child may not participate? | YES / NO | Please give details: |
| Is there any information which school should be aware of, e.g. suffers from vertigo, claustrophobia or is frightened of the dark etc.? | YES / NO |  |

**Please note any other learning/medical or comments about your child that we may need to be aware of:**

Please be aware that the Around-the-World Project involves eating a variety of foods from different countries and cultures.

**Food Allergies**

Does your child have any food allergies? YES/NO

If YES – Please state what these are:

**Photographic/video Consent**

Photos and videos of students participating in activities will be taken each week to document the project and to

share with parents at celebration events. Photos/videos may also be shared on the academy’s social media

channels, website, newsletters and local press. Please tick the box below to confirm your permission for this.

I provide photographic/video Consent

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Carer) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**