

## ORMISTON BOLINGBROKE ACADEMY

# Around the World Project 2022-2023

OBA Parent/Carer 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. Please state how they will be getting home at the top of the form.

### EMERGENCY CONTACT DETAILS

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

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

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

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

Please give an alternative contact if not available at the above:

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

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

### Medical Summary

In an Emergency do you consent to your child receiving treatment?	YES/NO (please circle)
Drs Practice name:	
Address:	
Postcode:	
Telephone Number:	

Does your child have any special dietary requirements due to medical, religious, moral or educational needs? YES/NO	
If yes 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 Information	YES / NO	Further Details / Comments/Medication
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 of Activity and reason:
Is there any additional information which school should be aware of, e.g. suffers from vertigo, claustrophobia, frightened of the dark etc.?	YES / NO	

**Please note any other learning/medical needs or comments about your child that we 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 and include the medication needed:

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