



Brownhill
LEARNING COMMUNITY

BROWNHILL SCHOOL

HEIGHTS LANE

ROCHDALE

OL12 0PZ

TEL NUM: 0300 303 8384

EMAIL: office@theblc.org.uk

WEBSITE: www.theblc.org.uk

HEAD TEACHER: Mrs C.M. Connolly

CENTRE MANAGER: Miss C. Holden

ASSISTANT HEAD TEACHER: Ms M Hey

Dear Parent/Guardian,

CONSENT FOR ALTERNATIVE PROVISION & EXTENDED SCHOOLS ACTIVITIES

Our Pupils have the opportunity to be involved in trips and activities off our School sites both during Term Time and in the Holidays. In order for your Child to be allowed to do this we need your consent. We attach a form which will cover consent for all activities at any time. You can withdraw your consent at any time by contacting the School.

As a guideline these activities may include...

1. Staff are permitted to make reasonable adjustments to their teaching in the course of a school day in order to educate in a variety of interesting and meaningful ways. Examples might be: traffic surveys in the school vicinity, walk to the local park, plus normal sports fixtures and activities. Teachers are expected to uphold safe practices in the performance of such activities and for these they do not need to inform parents of their taking place.
2. Other trips and off-site activities that are outside the school day or involve longer journeys and more considerable adjustments (eg. theme park, go karting,) we do require permission for pupils to take part. However, in order to avoid unnecessary duplication of paperwork we ask that you sign the attached permission form that covers most such trips and activities in an academic year. In these cases we will inform you of the visit or activity but not necessarily require further consent, as signing this form will assume it has already been given.

We also ask that you permit administration of First Aid or emergency medical treatment as staff will act *in loco parentis*. For this reason it is also important that you inform and update us of any medical conditions which we should be aware of.

Yours sincerely,

C.M. Connolly

Mrs C.M. Connolly
Head Teacher

**ALTERNATIVE PROVISION &
EXTENDED SCHOOLS CONSENT FORM**

Data Protection Act... The information being collected on this form will only be used for the purpose of school administration of visits and journeys under the Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency to the Local Education Authority or emergency services, without your written consent.

DESCRIPTION OF ACTIVITY	ALTERNATIVE PROVISION & EXTENDED SCHOOLS ACTIVITIES
DATE/VENUE	PARENTS/CARERS WILL BE INFORMED OF ACTIVITES AS OUTLINED IN POINT 2 OF THE ACCOMPANYING LETTER.

A. PUPIL CONTACT DETAILS			
PUPIL NAME		DATE OF BIRTH	
PUPIL HOME ADDRESS			
CONTACT 1 NAME		CONTACT 1 TEL	
CONTACT 2 NAME		CONTACT 2 TEL	

ALTERNATIVE CONTACT – FOR EMERGENCY USE			
CONTACT NAME		TELEPHONE	
CONTACT ADDRESS			

B. PUPIL PERSONAL INFORMATION

B1.	Does the Pupil named above suffer from any medical condition or disability? (eg. asthma, allergies, diabetes, migraine, epilepsy, bad period pains) YES / NO
If you have answered Yes please give details here...	

B2.	Is the Pupil named above allergic to anything? (eg. antibiotics, plasters, aspirin or any such medicines or food) YES / NO
If you have answered Yes please give details here...	

B3.	Is the Pupil named above actively sensitive to Penicillin? YES / NO
If you have answered Yes please give details here...	

B4.	Is the Pupil named above receiving any medical treatment at present? YES / NO
If you have answered Yes please give details here...	

B5.	Has the Pupil named above ever had a tetanus injection? YES / NO
If you have answered Yes please give the date of the latest injection here...	

B6.	Does the Pupil named above have any special dietary needs? YES / NO
If you have answered Yes please give details here...	

B7.	Can the Pupil named above swim 50m without any aid? YES / NO
------------	---

B8.	Name of Pupil's GP	GP Telephone
	GP Address	

C. If there are specific activities you would like to withhold your consent please list them here...

D. INSURANCE

Please note that Rochdale Metropolitan Borough Council holds a school journey insurance policy that automatically covers all persons participating in educational trips and residential. Claims resulting from insured activities should be submitted in writing by the group leader or Head Teacher and not by pupils, individuals or parents direct.

E. PARENTAL CONSENT

- I agree to the Pupil named on this form taking part in Alternative Provision & Extended Schools Activities (apart from those specific activities named in Section C above)
- I understand that the Staff responsible for the activities will take all reasonable care of participants.
- I acknowledge the need for my Child to behave responsibly.
- I will inform the School if my Child has been in contact with any infectious illness within three weeks prior to a trip.
- I will inform School of any changes to any information provided on this document.
- I consent to my Child receiving first aid treatment.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or Surgeon concerned, likely to endanger my Child's health or safety.

SIGNATURE	
PRINT NAME	
DATE	