



## BISHOP WORDSWORTH'S SCHOOL

### Educational Visit & Activity Parental Consent Form & Indemnity - Year 7 Entry

#### 1. Agreement:

I agree to my son taking part in school visits/activities whilst a student at Bishop Wordsworth's School, on the understanding that an information sheet is provided with details of each visit/activity prior to the event taking place, unless it is a local visit i.e. Cathedral or central Salisbury. This agreement to his participation is given on this understanding and I acknowledge the need for compliance with instructions on his part at all times.

I acknowledge the need for my son to behave responsibly and to obey instructions given by staff at all times and I agree to indemnify the School and/or staff against any uninsured loss or expenses incurred as a result of my son's misconduct or gross negligence, or reasonably incurred on behalf of my son during the trip.

#### 2. Medical information:

In advance of school trips, we use the medical information already provided on the Admissions Register when you first confirmed your son's place at Bishop's.

***Please inform the School as soon as possible of any changes in the medical information for your son or any other circumstances which the School should be made aware of. Please contact Mrs S Hayward [sah@bishopwordsworths.org.uk](mailto:sah@bishopwordsworths.org.uk) to update your son's information.***

#### 3. Declaration:

I agree to my son receiving such emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of insurance cover provided.

*I understand that this authority may only be revoked in writing, becoming effective upon written acknowledgement from the school.*