**PARENTAL CONSENT, MEDICAL, GROUP EQUIPMENT DECLARATION AND PHOTOGRAPHIC/VIDEO PERMISSION FOR YEAR 10 DofE SILVER TRAINING, PRACTICE AND QUALIFYING EXPEDITIONS 2021.**

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| **VISIT OR ACTIVITY: Year 10 Silver DofE Training, Practice and Qualifying Expeditions.** | |
| **DATE(S): 10A/K/L/T = Fri 28th/Sat 29th/Sun 30th May 2021 (Training and Practice Expedition).**  **10A/K/L/T = Fri 11th/Sat 12th/Sun 13th June 2021 (Qualifying Expedition).** | |
| **NAME OF STUDENT:** | **FORM: 10** |

**Medical/other special details:**

Any relevant information concerning your child's health or diet requiring special attention but which does not prevent them taking part should be noted below e.g.

* Does your child suffer from allergies?
* Take medication and if so what is it for and what is the dosage required?

* Have diabetes, asthma or epilepsy?
* Has your child had any relevant recent illness?
* Additional comments related to any aspect of their health and wellbeing?

1. I would like my child to take part in the above activity and having read the information provided agree to them taking part in the activities described.

2. I consent to any emergency medical treatment required by my child during the course of the activity.

3. I confirm than my child is in good health and I consider them fit to participate.

4. I understand that the City Council will not be liable to them for any loss, injury or damage suffered other than such as may be caused by the negligence of the City Council or their employees.

**Group equipment declaration:**

Each expedition team will be given a range of expedition ‘group or team’ kit ie tents/cooking stoves/gas/maps/map cases/compasses for use on the expeditions. Each team and the individual students in it are expected to look after this group equipment and return it in good order. Any undue damage to or loss of this equipment will result in the team being liable to pay for ‘like for like’ replacements at the recommended retail price. As the emphasis is on working as a team, any such cost will be divided between the six members of the team concerned.

1. I understand and accept the above group equipment declaration.
2. I will agree to pay my child’s portion of any fee charged as a result of any undue damage to

or loss of any of this group equipment.

**Photographic/video permission:**

In order to celebrate the achievements of expedition participants, photographs and video clips

may be taken during the expeditions. These may be used on the PHSG DofE website, PHSG

Facebook page, PHSG DofE noticeboards or at DofE Celebration and Awards Evenings where

Participants receive their completed Bronze Award.

1. I accept the above statement and give permission for photographs or video clips that may be

taken during the expeditions.

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| **SIGNATURE OF PARENT/GUARDIAN:** |
| **DATE:** |
| **ADDRESS:** |
| **TELEPHONE NO. ON DAY OF EVENT:** |

**Name of Doctor/Practice** (where known) .......................................................

**PLEASE COMPLETE AND ASK YOUR CHILD TO RETURN THIS FORM MR PAYNE AT THE PE OFFICE BY FRIDAY 18TH DECEMBER 2020 PLEASE OR EMAIL IT IF ISOLATING.**

**Thank you,**

**Mr Payne – DofE Manager/PHSG**