

Annual Parent/Carer Indemnity & Consent Form 2026-27 - Sandhill View Academy



This form will last for the whole academic year and will be the responsibility of the parent/carer to inform the school of any changes to the information provided. For all future visits only a reply slip giving consent will be required.

Name of child: _____ Date of birth: _____

Address _____

Telephone Number _____ Year Group: _____

- My child can swim at least 50 metres (please tick).

Yes	No

- In the event that my child is taken ill or becomes injured during the period of any visit, I agree that medical and dental treatment may be given, including administration of a general anaesthetic and surgical operations in the case of an emergency. (Through recommendation by the medical authorities present) I authorise the Visit Leader to sign doctor/surgeon consent, if required, on my behalf in my absence (please tick).

Yes	No

- My child has been immunised against tetanus (please tick).

Yes	No	Unsure

- My child is allergic to penicillin (please tick).

Yes	No	Unsure

Please tick the relevant boxes if your child suffers from any of the following medical issues:

	Yes	No
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Other seizures	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical conditions or disabilities (please specify on the following page)	<input type="checkbox"/>	<input type="checkbox"/>

PTO

If you have answered yes to any of the medical conditions or disabilities on the previous page, please give details below.

Is your child prescribed any medication, or are they receiving any other medical treatment? Please include the names of the medication taken, dosage and times/frequency.

Any other medical conditions or disabilities including medication

If you have answered yes to any of the medical questions you **must** contact school in order to complete a care plan to review your child's needs in more detail.

Failure to complete a care plan will result in your child not being permitted to attend any trips.

I understand that it is my responsibility to inform the school of any changes to medical needs or contact details as soon as possible.

Name of parent/carer (BLOCK CAPITALS): _____

Signed: _____

Date: _____