

## Trip Consent

1. I agree that my child named above, may attend and participate in all low-risk educational visits, day trips and off-site sporting activities organised by Birkenhead High School Academy School during the academic years 2024 - 2031.

2. Whilst staff in charge of the visit / activity will take all reasonable care of the pupils, I understand, and have explained to my child that it is imperative for their safety, and the safety of the group, that rules and instructions given by persons in charge of the visit/activities are obeyed. I accept that if they do not meet the School Code of Conduct requirements then they may be returned home, accompanied by an adult before the end of the trip, and that I will be required to bear the cost of this.

3. I authorise members of staff to approve such medical treatment for my child (named above) as is deemed necessary in an emergency. While I understand that the school will use all reasonable endeavours to contact me, I agree to them receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand that the school will not be responsible for any costs not covered by insurance, and failing to disclose a known medical condition may result in the invalidation of the insurance.

4. I undertake to inform the school in writing **as soon as possible** of any change to my child's medical condition including physiological and psychological conditions. I will also inform the school of any changes / developments to my child's SEND profile. I understand that whilst the school seek to be as inclusive as possible and will make reasonable adjustments to meet the needs of individuals who wish to attend a trip opportunity, the Head may decide that it is not in the interest of the group that my child participates if their condition is likely to affect their safety or the safety of the group.

5. I understand that the school cannot be held responsible for any loss or damage to property suffered by my child during or arising out of the visit / activity other than that due to the negligence of the school or the staff accompanying the trip.

6. I agree to pay for any damage to the person or property of any other party or parties which may be caused by the misconduct or carelessness of my child.

7. I will indemnify the Trip / Activity Leader in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

8. I understand the details of the insurance arrangements and understand that I may take out additional cover.

9. I understand that exceptional circumstances may require changes to the trip, including but not limited to:

Changes to venue

Changes to transport

Return home earlier or later than planned

Where possible, the staff in charge of the trip will try and limit the impact of exceptional circumstances on the trip, however some changes may be unavoidable and / or implemented at short notice. I understand this risk and agree to indemnify the school for any additional costs incurred in changes to the trip.

10. I agree to this form being used solely for the purpose of organising educational visits and understand that it, and all copies, will be destroyed at the end of the period covered by the form.