

Send to parent

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PARENTS – TEAR OFF & KEEP PAGES 1 & 2 FOR INFORMATION. SIGN AND RETURN PAGES 3 & 4.

1. Details of visit:
Name of school/ organisation: Yeadon Westfield Junior School

Venue/ Location: Herd Farm

Date & Times: 30th June 2025 – 4th July 2025

Accommodation / centre (if used):

Name: Herd Farm

Address: Harrogate Road, Leeds, LS17 7RJ.

Telephone: 0113 3783088

Named contact/Head of Centre

Donna Russell

2. Place(s) to be visited

Herd Farm and grounds

3. Visit & Deputy Leader

Name of Leader	Helen Swallow
Name(s) of deputy	Kath Clarkson, Hannah Lockwood

4. Names & designation of other adults accompanying the party

Name	Designation
Rosie Stokey	Learning mentor
Kath Jennings	Governor
Daniel Hackney	Retired volunteer teacher
Sophie Johnson	Teacher

5. Size and composition of the group

Number of girls	31	Number of Boys	17	Total number of pupils	48
Age Range	10-11	Age range	10-11	Total number of staff	3 (at any one time)

6. Adult : Pupil Ratio: 1:10

Parental Consent Form

7. Name of organising company/agency

N/A

8. Transport/travelling arrangements

Minibus with Fourways

9. Financial arrangements

Pupil funded in line with the schools charging policy. Additional support from Sport's Premium

10. Brief details of programme of activities –a separate itinerary may be attached

Pupils will take part in the following activities over the week:
Zip line, High Ropes, orienteering, assault course, walking, archery plus other onsite activities such as puzzle palace, problem solving activities, karaoke

11. Brief details of adventurous/ hazardous activities and associated specific requirements/qualifications.

Activity	Special requirements
Zip Wire Giant Swing Archery	Qualified instructors and all equipment is provided by Herd Farm, all activities are preceded by a safety talk.

12. Brief details of any activities not listed above that are water based / involve water.

13. Name and contact telephone number of school contact person

If there is an emergency, please ring Herd Farm first and ask for Miss Swallow – contact number at the top of the form. Or contact school during the day. There will be an out of hours mobile in the evening – 07891 270180, ask for Miss Swallow (it will most likely be Miss Swallow who answers the call). School during the day: 0113 2503395

14. Contact for viewing risk assessments: Helen Swallow

PARENTS – SIGN AND RETURN PAGES 3 & 4. KEEP PAGES 1 & 2 FOR INFORMATION. Please note if this form is not signed the pupils will not be permitted to go on the visit.

Childs Name _____ D.O.B _____

Name of school: _____

Venue/ Location _____

Date _____

15. Medical information (*please circle and delete where applicable)

(a) Does your son / daughter suffer from any conditions requiring medical treatment? YES/NO*

If YES, please give brief details and describe the medication, the dosage and frequency required. If the schools policy is to administer medication then by signing this form you are giving your consent for staff to administer any agreed medication.

Do you give permission for staff to give your child Calpol for headaches? YES/NO

b) If your child has been diagnosed with asthma please take any prescribed inhalers on the school trip. Please sign below to confirm your agreement that we may use a school salbutamol inhaler if the pupil's prescribed inhaler is not available, broken, or empty.

I agree to the school using a salbutamol inhaler.....

c) Has your son / daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious? YES/NO*

If YES please give brief details:

(d) Is your son / daughter allergic to any medication or suffers from any allergies? YES/NO*

If YES please specify

(e) Has your son / daughter received a tetanus injection within the last five years? YES/NO*

(f) Please outline any special dietary requirements of your child.

16. Information relating to specific activities.

(a) For adventurous / hazardous activities detailed in item 11, does your child suffer from any medical condition or do you have any concerns that may affect their ability to undertake the activities? YES/NO*

If YES please provide brief details

Parental Consent Form

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(b) For overnight visits only. Does your child have any specific needs or conditions that affect overnight stays e.g sleepwalking, bed wetting, frequent nightmares, trouble sleeping. YES/NO*

If YES please provide brief details.

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17. Declaration

The school or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the school's negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.

Emergency contact and home address

Name	Relationship to child -	
Address		
Telephone – Home:	Work:	Mobile:

If not available at the above please contact:

Name	Relationship -	Friend / Neighbour
Address		
Telephone – Home:	Work:	Mobile:

Name, address and telephone number of family doctor

Name	
Address	
Telephone	

Information to provide a medical practitioner prior to giving emergency medical treatment

Child's National Health Number
Child's EHC Number (If visiting EU):

Declaration of consent:

I agree to my son / daughter taking part in the visit outlined above and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Visit Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit.

<p>“Under the terms of the Data Protection Act 2018 we must inform you of the following. By signing this form you are giving your explicit consent to the school to process your data. The processing involved will be for the purpose of monitoring health and safety in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to the school processing the information detailed in this form. I understand that this will be used by the school in pursuance of its business purposes and my consent is conditional upon the school complying with their obligations under the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018.”</p>

Signed _____

Print Name _____ **Date** _____