

Consent for Visits and Off-site Activities



Please sign and date the form below if you are happy for your child,

_____:

(Child's Full Name Required)

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits off-site which take place
 - adventure activities at any time
 - off-site sporting fixtures outside the school day,
- We will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

Please complete the medical information section below and sign and date this form if you agree to the above.

MEDICAL INFORMATION

Medical Information about your child

a) Any conditions requiring medical treatment including medication? YES/NO
If yes, give brief details

b) Is your son/daughter allergic to any medication? YES/NO
If yes, please specify:

c) When did your son/daughter last have a tetanus injection?

I will inform school as soon as possible of any changes to the medical or other information provided on this form.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided (unless otherwise stated, this relates to Public Liability schemes held by e.g. swimming pools, sports centres, coach companies, educational centres etc.)

Contact telephone numbers

Work _____

Home _____

Home Address

Alternative emergency number:

Name _____

Telephone _____

Address

Name of family doctor _____

Telephone _____

Signed _____

Date _____

Full name (capitals) _____