

**CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE
ACTIVITIES**

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

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- 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 (including residential trips) which take place during holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures outside the school day,
 - all off-site activities for nursery schools
- The school 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 (if applicable) and sign and date this form if you agree to the above.

MEDICAL INFORMATION

Details of any medical condition that my child *<name of child>* suffers from and any medication my child should take during off-site visits:

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Details of any allergies, including medication that my child has

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Special dietary requirements:

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Note: If any changes occur please update the school immediately
DECLARATION

In the event of my child withdrawing from the visit I understand that I may be responsible for any costs that cannot recovered by virtue of the insurance cover obtained.

I understand that I am responsible for any damage or injury caused by my child during their time away, except for accidental damage or injury; I fully indemnify the organiser of the trip of any financial loss which may be incurred in this way.

I consider my child to be capable of full participation on visits.

I understand the extent and limitations of insurance cover provided; details of the Insurance Policy covering school trips can be obtained on request from the school office.

I understand that where a trip is considered to be adventurous or hazardous, a separate Consent will be sought relevant to the activities involved.

Contact Details	
My Home address:	My contact telephone numbers are: Home – Mobile – Work –
If not available at above, contact: Name – Address – Telephone -	My family doctor is: Name – Surgery Address – Telephone –

Signed (Parent / Guardian)

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Please Print Name

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Date

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