



Consent form for school trips and other off-site activities

Name of Pupil.....

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

- a) Take part in school trips and other activities that take place off school premises; and
- b) Be given first aid, urgent medical treatment or non-prescribed medicine 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 which take place during the school day
 - adventure activities at any time
 - off-site sporting fixtures outside the school day
- 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 which 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.....
.....

Medication my child should take during off-site visits.....
.....

Medication my child cannot take.....

Dietary Requirements.....
.....

Declaration

I have answered the questions above fully and the information provided is as accurate as far as I am aware.

Signed.....

Date.....

Return the form to the Office