



September 2017

CONSENT FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES (Valid from Y7–Y11)

Name of Child	
Form	
Date of Birth	

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

- Take part in school trips and other activities that take place off school premises
- 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 which take place during term time
- Off-site sporting fixtures outside the school day
- Whole school events e.g. Sponsored walk or Sports 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.

Please complete the medical information section below. If you need to change this information at any time, please make sure that you contact school immediately so that we can update our records.

Medical information about your child

Does your child suffer from any conditions which the visit leader needs to be aware of for example: medical conditions, illness, allergies, night-time tendencies (sleepwalking, bedwetting, and nightmares), travel sickness etc.?

Yes No

If yes, please provide details:

I consent to my child taking part:

Signed: _____ Date: _____

Full name (capitals): _____