

CONSENT FOR LUNCHTIME ARRANGEMENTS

It is important that we know individual lunchtime arrangements for each pupil. **PUPILS IN Y7-10 ARE NOT ALLOWED OUT OF SCHOOL AT LUNCHTIME OTHER THAN TO GO HOME.** We assume students are staying in school unless you indicate below that they have permission to regularly return home for lunch on any day. Please complete the table below indicating any days that they are going home for lunch. Please make further contact to amend if necessary during the year:

Monday	Tuesday	Wednesday	Thursday	Friday

Name of Child:			
Form:			
Signed:			Date:
Full name (capitals):			

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

(No need to return this if your child is in Y8 – 11 and you have already submitted a similar consent form last year.)

Name of Child	
Form	
Date of Birth	
<p>Please sign, date and return the form below to school if you are happy for your child to:</p> <ul style="list-style-type: none"> • 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. <p>Please note the following important information before signing this form:</p> <p>The trips and activities covered by this consent include:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> <p>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.</p>	

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.?	Please circle: Yes / No
If yes, please provide details:	

Consent:

I consent to my child taking part:	Signed:
Date:	Full name (capitals):