



CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Please tick, sign and date each section below if you are happy for your child:

- a) To take part in school trips and other activities that take place off school premises;

☐ Signature _____ Date _____

- b) To be given first aid or urgent medical treatment during any school trip or activity.

☐ Signature _____ Date _____

Please note the following important information before signing this form:

The trips and activities covered by this consent include:

- All visits, including residential trips and swimming;
- Adventure activities at any time;
- Off-site sporting fixtures in and 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, once this form is signed – 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 at the end of this form if you agree to the above.

Full Name of Child _____ Year _____

MEDICAL INFORMATION

Details of any medical condition and any medication my child should take during off-site visits:

Signed _____

Date _____