



Consent form for school trips and other off-site activities for academic year 2019/2020

Please sign and date the form below if you are happy for your son/daughter

Name: Tutor Group (tbc)

- 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 the holidays or a weekend
 - 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 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

1. Medical Information about your child

- a) Any conditions requiring medical treatment, including medication? YES / NO
If YES, please give brief details:

- b) Please outline any special dietary requirements of your child below:

- c) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES / NO If YES, please give brief details:

- d) Is your son/daughter allergic to any medication? YES / NO If YES, please specify:

- e) When did your son / daughter last have a tetanus injection?

I will inform the Group Leader/School as soon as possible of any changes in the medical or other circumstances between now and the end of the 2017/2018 academic year.

2. Declaration

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Contact Telephone Numbers:

Work: _____ Home: _____

Home Address: _____

Alternative Emergency Contact

Name: _____ Tel. No. _____

Address: _____

Signed: _____ Date: _____

Full Name: (capitals) _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT.

A COPY WILL BE RETAINED BY THE SCHOOL CONTACT.

Please return this form by post or hand-deliver to Melksham Oak Reception by 28th June 2019.