

Annual Consents

for the School Year 2017-18 including School Trips & Other On- and Off-Site Activities

Name of Child:	Class & Teacher:
Date of Birth	Child's NHS No:
Nationality:	Doctor/ GP Surgery incl. Address & Phone:
Main Language:	
Religion:	
Passport No (req for some school trips):	Passport Expiry Date:

Medical Consents & Information	Please circle your answer:
<p>Please note: In the interest of your child's safety and your piece of mind, if your child has a serious and/or acute condition which may require emergency intervention by school staff including but not limited to inhalers and epipens, YOU MUST provide the school with a risk assessment/ medical care plan written by your GP without delay. Without this we will not be able to provide a safe environment if you do not do so and must ask you to keep your child at home.</p>	
Does your child have any conditions requiring medical treatment?	YES / NO
<i>If YES, please give brief details, including information on any medication being taken.</i>	
Is this condition ongoing?	YES / NO
<i>If NO, please state when you expect them to recover:</i>	
Does your child require medication during school hours?	YES / NO
<i>If yes, please give details:</i>	
If YES, do you require the school to administer the medicine?	YES / NO
<i>If YES, please state here or attach details of what you are asking the school to do.</i>	
Does your child suffer from allergies?	YES / NO
<i>If yes, please give details:</i>	
Is your child allergic to any medication?	YES / NO
<i>If yes, please give details:</i>	
Does your child require an Epi Pen?	YES / NO
<i>If yes, please give details:</i>	
Does your child require an inhaler?	YES / NO
<i>If yes, please give details:</i>	

Is your child allergic to any medication?	YES / NO
<i>If yes, please give details:</i>	
I agree to my child receiving emergency dental or medical treatment, including medication, anaesthetic or blood transfusion, as considered necessary by the medical authorities: (Please note that responding 'NO' to this question might mean that your child cannot go on some trips.)	YES / NO
I give my consent for my child to receive vaccinations as considered necessary by the medical authorities?	YES / NO
I consent to my child receiving first aid or urgent medical treatment at school and during any school trip or school activity: (Please note that responding 'NO' to this question might mean that your child cannot be at our school or go on some school trips or take part in some activities.)	YES / NO
Have you had your child's sight and/or hearing tested?	YES / NO
Hearing Date Result Sight Date Result	

Dietary Requirements	Please circle your answer:
Does your child have any special dietary requirements:	YES / NO
<i>If yes, please give details?</i>	

Media Consent	Please circle your answer:
In publications and publicity produced by the school: non-electronically (e.g. prospectus, leaflets, notice board, posters, Friday Flier)	YES / NO
On the school website, electronic prospectus etc.	YES / NO
For externally produced publications (e.g. local or national newspapers, magazine) – this may mean their photo and name is used in print:	YES / NO
To be recorded on video/ film or web-cam and used on the school website:	YES / NO
To be recorded on video/ film or web-cam and the film be available on DVD:	YES / NO
Photographs/film on school social media sites (e.g. Facebook, Instagram):	YES / NO

Activities, Off-Site & School Trip Consents	Please circle your answer:
I consent to school staff applying sun lotion to exposed areas of skin limited to the face, ears, neck, arms and lower legs:	YES / NO
I consent to my child taking part in school trips and other off-site activities:	YES / NO
I believe my child is a competent swimmer:	YES / NO
I give my consent for my child to swim under the conditions of the school's Open Water Policy:	YES / NO

Other Agreements	Please circle your answer:
I confirm that the school has made me aware of its website and the Handbook for Parents:	YES / NO
I have hereby been made aware of the school's rules on clothing contained within the school's Handbook for Parents:	YES / NO
I am aware of the school's guidelines for the use of private vehicles available on the school's website (under Policies):	YES / NO

Emergency Contact Information			
	Mother	Father	Alternative Contact
Relationship:	n/a	n/a	
Name			
Email			
Home Tel			
Work Tel			
Mobile Tel			
Home Address			

Additional Information
<i>Tell us anything you feel is important for the welfare of your child:</i>

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 where it is required by regulations to do so before it takes place – generally, this will be for any school trip.
- 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.

It is not legally required for the school to request written parental consent from you for many 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.

It is also not a legal requirement for the school to seek consent more than once in a pupil’s/ student’s life at a school. However, due to changing circumstances which may affect medication and dietary requirements etc. it seems good practice to issue the form once per year and as-and-when deemed sensible. Thank you for your understanding and cooperation.

Signed:	Date:
----------------	--------------

For Office Use: Data entered on PASS by _____

Signed:	Date:
----------------	--------------