

Educational Visits Parental Consent Form

for School Trips and Other Off-Site Activities

Name of Trip:	Teacher in Charge:
Date of Trip:	Date of Letter to Parents with Full Details:
Child's Name:	Name(s) of Parent(s)/ Guardian(s):
Passport Number:	

Please sign and date this form if you are happy for your child:

- 1) To take part in school trips and other activities that take place off school premises; and
- 2) 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.

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 especially for all of the bigger trips the school undertakes. Thank you for your understanding and cooperation.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

Medical Information	Please circle your answer:
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>	
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>	
Is this condition ongoing?	YES / NO
<i>If NO, please state when you expect them to recover:</i>	
Does your child have any special dietary requirements:	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:	YES / NO
<i>(Please note that responding 'NO' to this question might mean that your child cannot go on some trips.)</i>	
I give my consent for my child to receive vaccinations as considered necessary by the medical authorities?	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
Signed:	Date:

Emergency Contact Information			
	Mother	Father	Alternative Contact
Relationship:	n/a	n/a	
Name			
Home Tel			
Work Tel			
Mobile Tel			
Home Address			
Further information:			
<p><i>Tell us anything you feel is important for the welfare of your child.</i></p>			