



CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Pupil Name: _____
(Print name in full)

Please sign and date below if you are happy for your child to take part in school trips and other activities that take place off school premises. **Please note the following important information before signing this form:**

1. The trips and activities covered by this consent include:
 - all visits (including residential trips) which take place during the holidays or at weekends
 - adventure activities
 - off-site sporting fixtures (including after school)
 - those activities considered a normal part of the school day such as visits to local amenities and fieldwork activities
 - Work Experience / Work Shadowing
2. The school will send you information about each trip or activity including timings, arrangements and cost before it takes place.
3. 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.

Educational Visits and School Journeys Form of General Indemnity and Medical Consent

Please print your child's name CLEARLY on the line below.

I give consent to my child _____ (name) taking part in educational visits and activities highlighted above.

I also consent to medical or other such treatment (which includes the administration of anaesthetic or blood transfusion or the carrying out of surgical operations) deemed necessary by a qualified medical practitioner or to first-aid being administered in the case of my child if any emergency should occur at a time when my consent to the particular treatment cannot otherwise be obtained.

Signed: _____ Parent/Guardian Date: _____