

## Parental Consent for School Trips and Visits (SVO) 2018-19

Written parental consent will not be requested from you for the majority of off-site activities offered by the school, for example, visits to museums as these are part of the school's educational aims and usually take place during the normal school day. We shall let you know of each off-site activity we are offering to your child so you can tell us if you do not wish your child to take part.

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

- 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 school organised visits 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.
- If the trip involves travel abroad or one or more nights away from home, then we shall need you to complete a more detailed consent form for that specific trip.

**I hereby consent to**

- **my child participating in any school trip or activity which I have been made aware of**
- **my child being given first aid or urgent medical treatment during any school trip or activity**

**I agree to immediately inform the school of any changes to my child's medical or dietary situation, including any allergies or change of doctor's contact details, and any changes to the family contact details, so that I can be contacted quickly in emergencies.**

Name of child: \_\_\_\_\_

Tutor Group: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the emergency contact sheet and sign**

## Emergency Contact Details

Name of child: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

### Priority 1

Name of contact: \_\_\_\_\_

Relationship of contact: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Priority 2

Name of contact: \_\_\_\_\_

Relationship of contact: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Notes: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return these forms to the school office