# PARENTAL CONSENT FORM FOR NON-RESIDENTIAL TRIP 2023

I agree to (student name) …………………………..…………………………………. Form …………………………

a) Taking part in school trips and other activities that take place off the 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:

* Off-site sporting fixtures outside of the school day.
* All visits which take place during or outside of the school day including weekends.
* The school will send you information about each trip or activity before it takes place.
* You can, if you wish, tell the school in advance that you do not wish your child to

take part in a particular trip or activity.

I agree to my child’s participation in the activities described and acknowledge the need for him/her to follow instructions given by staff and to behave responsibly.

**Medical information about your child**

1. Any condition requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

1. Please outline any special dietary requirements of your child (not preferences):
2. Is your child allergic to any medication? YES/NO

If YES, please give details:

1. Do you consent to your child being driven by a member of staff? YES/NO
2. When did your child last have a tetanus injection?
3. Do you consent to your child being given Paracetamol if they YES/NO

request it for medical reasons?

**Declaration**

I will inform the Trip Leader/Headteacher as soon as possible of any changes in the

medical or other circumstances between now and the commencement of a school trip.

I agree to my child receiving medication as instructed, or 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 limitation of the insurance cover provided. (A copy of the insurance policy can be obtained from school.)

**Primary emergency contact:**

Name:

Contact number(s):

Home Address:

**Alternative emergency contact**:

Name:

Contact number(s):

Home Address:

**Name of family doctor**:

Telephone number:

Address:

**Signed: Date:**

**Full name (CAPITALS):**

**Please return the completed form to the school office by Monday 12 September 2022**