



CONSENT FORM FOR ST CUTHBERTS CATHOLIC PRIMARY TRIPS AND ALL OTHER OFF-SITE ACTIVITIES

Please sign and date the form below if you consent to your child:

- a) taking part in school trips and other activities that take place off school premises; *and*
- b) being given first aid, urgent medical treatment or urgent pain relief (paracetamol) during any school trip or activity.

Please note the following important information before signing this form:

- All school trips and activities are covered by this consent and will 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 normal school day,
- School will provide you with information about each trip or activity before it takes place.
- You can, if you wish, inform school in writing that you **do not** want your child to take part in any particular school trip or activity.
- You **must** ensure that you and your child understand and agree to any trip Code-of-Conduct.
- You **must** keep school informed if any medical information you have provided becomes out-of-date.
- You **must** keep school informed if any emergency contact information you have provided becomes out-of-date.

Written parental consent will **not** be requested from you again for off-site activities offered by school and will last for the duration your child attends the school unless family circumstances change. For residential visits you may only be asked to supply further information relevant to that single trip e.g. allergies, phobias, sleepwalking etc. When you are informed that a visit will take place you will be offered an opportunity to withdraw your consent and you should complete and return to school any slip provided for this.

Please complete the medical and emergency contact information section below and sign and date this form if you agree to the above.

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| FULL NAME OF CHILD: | | DATE OF BIRTH | |
| MEDICAL INFORMATION: Details of any medical conditions including allergies and travel sickness that my child suffers from and any medication with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary. | | | |
| EMERGENCY CONTACT INFORMATION | | | |
| | EMERGENCY CONTACT 1 | EMERGENCY CONTACT 2 | |
| NAME: | | | |
| RELATIONSHIP: | | | |
| TELEPHONE NUMBER: | 1. 2. | 1. 2. | |
| SIGNED: | | DATE: | |
| PRINT NAME: | | RELATIONSHIP TO CHILD | |