



## PARENTAL CONSENT FOR LOCAL OFF-SITE ACTIVITIES

This is a consent form to cover local off-site activities and visits that your child may be undertaking during the school year. These visits may include short journeys on foot or in vehicles and some may continue beyond the school day. None of these visits include any adventurous activity, or involve an overnight stay. A separate specific consent form will be sent out for visits involving adventurous activities or for residential visits.

The visits and activities covered by this consent typically include:-

- All visits which take place as part of the normal school programme;
- Swimming lessons;
- Visits to theatres, museums and similar;
- All off-site sporting fixtures within and outside the school day;
- Any local visits which take place in the holidays or at a weekend.

In normal circumstances the school will send you information about each visit or activity before it takes place.

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Special details - any information about your child's health which may need special attention, but does not prevent them from taking part should be noted below. (For example; any allergies, any medication needed and the dosage, travel sickness, diabetes, asthma or epilepsy?)

\_\_\_\_\_

Has your child had any recent illness? \_\_\_\_\_

Does your child have any specific dietary requirements? \_\_\_\_\_

Any additional information which may be of use \_\_\_\_\_

\_\_\_\_\_

- I would like my child to take part in the programme of activities that form part of the school year. I understand that I will be informed of the arrangements for each visit in advance.
- I acknowledge the need for my child to behave responsibly at all times.
- I consent to any emergency medical treatment required by my child during the course of the visit.
- I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.
- I confirm that my child is in good health and I consider him/her fit to participate.

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Carer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Contact name and telephone number in event of an emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name of family doctor \_\_\_\_\_

Approximate date of last tetanus injection \_\_\_\_\_