

Consent form for local trips and visits

Please sign and date the form below for your child.

Name: _____

Class: _____

To take part in school trips and other activities that take place off school premises:

and

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 visits within walking distance that take place during the hours of a normal 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.

Written parental consent will be requested for trips that involve a coach journey, residential trips, or those taking place outside of normal school hours.

Please complete the medical information section below (if applicable), sign and date this form if you agree to the above.

Medical information:

Details of any medical condition that my child _____ suffers from
and any medication my child should take during off-site visits:

Signed:

Date:

