



**PARENTAL CONSENT FORM FOR NON-RESIDENTIAL TRIP 2025**

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:
  
- 2. Please outline any special dietary requirements of your child (not preferences):
  
- 3. Is your child allergic to any medication? YES/NO  
If YES, please give details:
  
- 4. Do you consent to your child being driven by a member of staff? YES/NO
  
- 5. When did your child last have a tetanus injection?
  
- 6. Do you consent to your child being given Paracetamol if they request it for medical reasons? YES/NO



**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 Friday 24<sup>th</sup> January 2025**