

# CONSENT FORM

TRIP .....

DATE(S) .....



<b>Student Name</b>		<b>Tutor Group</b>	
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- I agree to my child taking part in this trip/visit/activity and am satisfied with the arrangements as explained in the accompanying letter/email.
- If unforeseen circumstances occur, I give my permission for my child to take part in alternative activities.
- I understand that all proper precautions for the care of my child will be taken by staff and I accept that close supervision may not be possible at all times.
- I understand that normal school rules apply with regard to alcohol and drugs. If there is suspicion then staff may search possessions (and bedrooms in the case of residential visits). If rules are broken then a student may be sent home and/or isolated or excluded.
- I understand that if my child should require emergency treatment, staff will make every effort to contact me using the details provided on this form. If however this is not possible, I agree that staff may consent to my child undergoing such emergency treatment.
- I confirm that I will advise the school of any changes to the information provided in this form before the trip takes place.

<b>I consent to school staff collecting, storing, processing and using my child's personal data for any purposes relating to this trip/visit/activity</b> Please note your child will not be able to take part in this trip/visit/activity if you select 'NO' here	YES	NO
<b>I consent to school staff sharing my child's personal data with third parties, eg. activity providers, transport providers, emergency services, the local authority, tour operator, border agencies</b> Please note your child will not be able to take part in this trip/visit/activity if you select 'NO' here	YES	NO
<b>I consent to school staff taking photos/videos of my child during this trip/visit/activity and using these photos/videos in, for example, school newsletters, promotional material, social media, press articles</b> Please note your child will be asked to stand out of any group photos/videos if you select 'NO' here	YES	NO

<b>Home Address &amp; Post Code</b>			
<b>Emergency Contact 1 Name &amp; Phone Number(s)</b>			
<b>Emergency Contact 2 Name &amp; Phone Number(s)</b>			
<b>Doctor / Surgery Name &amp; Phone Number</b>		<b>Student Date of Birth</b>	

Does your child have any medical circumstances that may affect their participation in any activities?	YES	NO
Has your child had any injuries or illnesses in the last twelve months?	YES	NO
Is your child on any medication?	YES	NO
Does your child have any allergies?	YES	NO
Does your child have any particular dietary requirements? (for residential trips only)	YES	NO
If you have answered 'YES' to any of the above, please give details here, continuing overleaf if required		
I consent to school staff giving my child any necessary over-the-counter medicines (eg. painkillers, sun cream)	YES	NO
My child can comfortably swim 50 metres unaided (for residential trips and outdoor education activities only)	YES	NO

***FOR TRIPS / VISITS / ACTIVITIES INVOLVING PAYMENT - I confirm that I have paid, or will pay before the deadline, the required deposit / full payment via ParentPay, as detailed in the accompanying letter / email.***

<b>Parent/Carer Signature</b>		<b>Date</b>	
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