

**Consent form for educational school visits and other offsite activities.**

Please sign and date the form below if you are happy for your child.

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(Name and surname)

1. To take part on educational school visits and other activities that take place off the school premises; and
2. To be given first aid or urgent medical treatment during any school trip or activity.
3. To be taken to the local shop or post office as part of a small group

**Please not the following information before signing this form.**

* The trips and activities covered by the consent includes all trips within walking distance or one bus ride from school.
* 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 a particular school trip or activity.

Written parental consent will not be requested from you for the majority of the local offsite activities offered by the school – for example, year group visits to local amenities – as such activities are part of the school’s curriculum and usually take place during the normal school day.

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

**Medical information**

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

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Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_