



Please refer to our Privacy Notice, which can be found on the school website: www.queensgateprimary.co.uk for details of how we use your information. You may also request a copy from the school office.

CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES 2020-2021
PLEASE COMPLETE BOTH PAGES

I give permission for: *Name:* (Please print)

- a) To take part in school trips and other activities that take place off school premises
- 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 but is not limited to:

- all visits (including residential trips) which take place during holidays or a weekend
- adventure activities at any time
- off-site sporting fixtures outside of the school day

The school will send you information about each trip or activity before it takes place.

Written parental consent will not be requested from you for the majority of offsite activities offered by the school, as such activities are part of the school's curriculum and usually take place during the normal school day.

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

MEDICAL INFORMATION

Details of any Medical Condition/s

*Please insert **NONE** if there are no known medical conditions*

Medication for these conditions which should be taken during off site visits

Details of any allergies, including medication

Special dietary requirements

CONTACT DETAILS - Parent/Carer Contact Details

Name (Please Print)

Relation to pupil

My home address

Telephone Number

Home:

Mobile:

Work:

If the person detailed above is not available please contact:			
Name			
Relation to pupil			
Address			
Telephone Number	Home:	Mobile:	Work:

My family doctor is:

Name	
Surgery Address	
Telephone Number	

Note: If any changes occur please update the school immediately

DECLARATION

In the event of my child withdrawing from the visit I understand that I may be responsible for any costs that cannot be recovered by virtue of the insurance cover obtained. I understand that I am responsible for any damage or injury caused by my child during their time away, except for accidental damage or injury; I fully indemnify the organiser of the trip of any financial loss which may be incurred in this way.

I consider my child to be capable of full participation on visits.

I understand the extent and limitations of insurance cover provided; details of the Insurance Policy covering school trips can be obtained on request from the school office.

I understand that where a trip is considered to be adventurous or hazardous, a separate Consent will be sought relevant to the activities involved.

Name (Parent / Guardian):	
Signed (Parent / Guardian)	
Date	