



**ANNUAL STUDENT CONSENT FORM (DAY VISITS) FOR THE ACADEMIC YEAR 2017-2018**

**Student Name:** \_\_\_\_\_

**Tutor Group:** \_\_\_\_\_

The information collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Authority, without your written consent.

I give permission for my son/daughter:

- to take part in outdoor education activities onsite, school visits and local off-site activities which may include short journeys on foot or in vehicles; and
- to be given first aid or urgent medical treatment during any school visit or activity.

**Medical Information**

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

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**Please note that any student with medical conditions such as asthma/severe allergy must bring their medication (eg inhaler/epipen) with them on any school visit. Should any details change, please notify the school office immediately.**

**Please note the following important information before signing this form:**

The visits and activities covered by this consent form include all **non-residential** visits within the UK which typically take place during the school day (NB some may continue beyond it).

The staff in charge of the visit will provide full information about each visit before it takes place except for regular school sporting fixtures. The information provided will usually be given to the student with 24 hours' notice. You can inform us if you do not want your child to take part in any particular school visit or off-site activity.

**INSURANCE:** Participants are covered by the school's insurance in the event of negligence by one of its employees or agents. Details are available on request.

**PARENTAL CONSENT:**

I have read the information provided and agree to my son/daughter taking part in school activities:

- I acknowledge that emergency contact details used by the school will be those that are held at the time of the visit/journey for contacts with parental responsibility.
- I acknowledge the need for him/her to behave responsibly at all times.
- I understand that the staff responsible for the activities will take all reasonable care of participants.
- I consent to any emergency treatment necessary. Therefore, I authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of a doctor or surgeon concerned, likely to endanger my child's health or safety.
- I consent to my child travelling in a motor vehicle driven by a member of staff or other adult in the event of an emergency and in accordance with associated Local Authority guidance.

Signature of Parent/Carer: .....

Print Name: .....

Date: .....