



Consent Form for School Trips and other Off-Site Activities
For your Child's School Life.

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

- a) To take part in School Trips and other Activities that take place off 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;
 - All visits (including residential trips) which take place during the holidays or a weekends
 - Adventure activities at any time
 - Off-site sporting fixtures outside the School day,
 - All off-site activities for Nursery Schools.
 - Breakfast and Afterschool Times on School Premises where necessary
- 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 any particular school trip or activity via email: ChristtheKing.rcprimaryschool@salford.gov.uk.
- Please note if you cannot email us you will need to hand in a letter in at the School Office.

Written parental consent will not be requested from you for the majority of off-site 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. If a Trip has a cost attached to it and you make payment on Parent Pay, consent is mandatory.

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

Please ensure you complete your contact details overleaf in the event of an emergency where we will need to contact you directly.

Specific Medical information you Child requires daily:

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

My child **HAS/HAS NOT** received a tetanus injection in the last five years _____
(please give date if known)

My child **IS/IS NOT**, as far as I am aware, sensitive to penicillin.

FAMILY DOCTOR’S INFORMATION – IN THE EVENT OF AN EMERGENCY

Name: _____

Tel No: _____

Address:

Parental Signature: _____

Date: _____