



## CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

PUPIL'S FULL NAME: .....

DATE OF BIRTH: ..... FORM: .....

**PLEASE NOTE THAT THIS AUTHORITY WILL LAST FOR THE FIVE YEARS THAT YOUR CHILD SPENDS AT HALL GREEN SCHOOL. IT IS THE RESPONSIBILITY OF THE PARENT/CARER TO ENSURE THAT THIS INFORMATION IS CORRECT AND THAT THE SCHOOL IS INFORMED OF ANY CHANGES DURING THE FIVE YEARS YOUR CHILD IS AT THE SCHOOL.**

I am happy for my child to take part in school trips and other activities that take place off school premises which are paid for by the school or via ParentPay or PayPoint. I understand that the school will send me information about each trip or activity before it takes place.

I declare that my child is fit enough to undertake the activity(ies) and that I will notify the Trip Leader of any problems (health related or otherwise) before the visit or activity commences that may impact upon my child's experience. The Trip Leader will also use any other health related information that is held on the school database.

I am happy for my child to be given first aid or urgent medical treatment during any school trip or activity and I authorise the Trip Leader to act on my behalf in an emergency, including signing on my behalf any consent forms required by medical authorities should the Trip Leader (or if the Trip Leader is indisposed, another teacher assisting in the supervision of the trip) judge that after attempting to contact me, it would be inadvisable to delay matters while awaiting my own signature.

I understand and accept that my child may be withdrawn from the visit if his/her behaviour leads to concerns about trust and the safety of other pupils.

### **PLEASE NOTE:**

#### **Emergency Contacts**

In the event that we need to contact you in relation to an educational visit, the school will use contact details held on the school database for your child. **It is your responsibility to ensure that this information is correct and that the school is informed of any changes.**

#### **Medical Information**

Trip Leaders will use the school database as a record of medical information relating to your child. **It is your responsibility to ensure that this information is correct and that the school is informed of any changes. Also that medication kept in school is still in-date as out of date medication can put your child's health at risk**

## Sports Fixtures

For sports fixtures, pupils will not receive written details on each occasion but will be given the opportunity to write down the details at school.

**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 weekend)
  - adventure activities at any time
  - off-site sporting fixtures outside the school day
- 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.

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

## Medical Information

Does your child suffer from asthma?

YES ☐ NO ☐

If yes, please state inhalers used: .....

**(NB Inhalers should be carried by the pupil at all times, but we also ask for a spare inhaler to be kept by the teacher responsible)**

Does your child suffer from any other illness/medical condition, for example, epilepsy? If so, please state and advise of any medication they take:

.....  
.....

**(NB: If your child takes regular medication, prescribed by a Doctor, for hayfever or migraines they must bring this medication with them and hand it in to the teacher in charge. We are not able to provide these)**

Epipen User?

YES ☐ NO ☐

Allergic to medication: .....

Other allergies: .....

Dates of any contagious or infectious diseases/illnesses:

.....

**IMPORTANT: In case of headaches, sore throat or period pains, do you give your consent for your child to have:**

**Paracetamol**

YES ☐ NO ☐

**Responsibility for taking correct medication rests with the child and not accompanying staff. By prior arrangement staff may be willing to look after medication, but responsibility to take the medication will still rest with the child.**

Name & Address of Doctors Surgery: .....

Telephone Number of Doctors Surgery: .....

**Travel Sickness:** Does your child suffer from travel sickness?      YES ☐ NO ☐

**Special Dietary needs:**

.....

.....

**Other relevant Information:**

Please detail any further information that you believe the staff should be made aware. Particular consideration should be given to any religious or cultural rules and customs that may affect:

- the medical treatment your child should receive (e.g. blood transfusions)
- your child's ability to safely participate in any particular activity (e.g. not wearing protective headgear)

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I consent to my child being given emergency health treatment including general anaesthetic and blood transfusion unless otherwise indicated above.

I have noted where and when my child is to be released and I understand that from that point I am responsible for my child getting home safely.

With regard to residential trips, I have read through the Pupil Code of Conduct (overleaf) with my child and I understand that, should he/she fail to behave to the satisfaction of the Trip Leader I shall make personal arrangements for his/her early return home. The Code of Conduct needs to be signed by your child.

**Signed:** ..... **Parent/Carer**      **Date:** .....

**Please print name of Parent/Carer:** .....

# PUPIL CODE OF CONDUCT

In order for the trip to proceed all pupils must agree to abide by this Code of Conduct and give due regard to:

- the Health and Safety of all Trip members
- the achievement of the declared aims and objectives of the visit
- the upholding of the school's good name

## **The pupil shall:**

- abide by any reasonable instruction given by a teacher, instructor or other supervisor associated with the trip
- follow all safety guidance issued
- not purchase or consume any alcohol
- not purchase, smoke or use any tobacco, or other narcotic substance, or electronic vaping materials
- not purchase or attempt to travel with expensive items which jeopardise the safety of others - such items to be declared in advance of departure, or return, and presented to the Team Leader
- be punctual to all meetings and rendezvous
- never leave accommodation without the permission of an adult member of the school Trip
- always remain in a group of pupils, minimum size to be determined by the Trip Leader.
- not take part in any activity that could be deemed dangerous, including swimming, without the permission of a teacher
- be considerate to all other Trip members, members of the public and management, avoiding noise or otherwise boisterous behaviour
- participate fully in all activities and sessions during the visit
- immediately report any illness or injury to a member of staff
- immediately report any concerns regarding health and safety to a member of staff
- immediately report sightings of any suspicious persons to a member of staff
- abide by any laws of countries visited during the trip.

I understand that my behaviour may be reported to my parent(s) and that, in a serious case, my parent(s) may be requested to make arrangements for my early return home.

Signature of pupil to confirm acceptance of Code of Conduct

Signed: ..... Date: .....