

**FP2**

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

Please sign and date the form below if you are happy for your child, \_\_\_\_\_  
To take part in school trips and other activities that take place off school premises; and

- 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 non-residential trips
  - all non-hazardous trips
  - off-site sporting fixtures outside the school day
- Information will be provided about each trip or activity before it takes place.
- You can, if you wish, liaise with the school if you do not want your child to take part in any particular school trip or activity.
- It is important that the school has up to date emergency contact details, medical practice details and medical information. The school will collect this information through the regular Data Collection sheets that are sent out, please ensure that these are always checked and returned to the school. If you have any changes between collections, please contact the school to notify them of the changes.
- This consent will be used for the entirety of your child’s life at the school, if you wish to withdraw consent at any time you will need to contact the school.

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.

Please complete sign and date this form if you agree to the above.

**Signed**.....

**Print Name**.....

**Date**.....