

## Hamstel Junior School Headteacher: Mrs C. Farrell



## CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES WHILST AT HAMSTEL JUNIOR SCHOOL

I give permission for my child	in class
a) To take part in school trips and other activities th	at 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 bef	fore signing this form:
<ul> <li>The trips and activities covered by this consent in all visits which take place during term time of off-site sporting fixtures outside the school.</li> <li>The school will send you information about each.</li> <li>You can, if you wish, tell the school that you do reparticular school trip or activity.</li> <li>This form covers your child whilst they are a puper.</li> </ul>	e of day trip or activity before it takes place. not want your child to take part in any
Written parental consent will not now be requested from offered by the school – for example, year-group visits to of the school's curriculum and usually take place during	local venues – as such activities are part
However, any trip which involves a cost or that involves events) will require permission via <i>ParentPay</i> .	s transport (other than for local sports
Please complete the medical information section below if you agree to the above.	(if applicable) and sign and date this form
MEDICAL INFORMATION	
Details of any medical condition that my child suffers fro take during off-site visits:	om and any medication my child should
My child has a current Medical Care Plan provided by a	a medical professional: <b>yes / no</b> (delete as appropriate)
Signed Parent/ Carer	Date





