



Blanket Parental Information and Consent for Off-site Visits and Activities

Parents/Carer/Guardian - please note the following:

- The information you provide below will be treated as CONFIDENTIAL
- By signing this form you consent for your child named below to take part in educational visits or offsite activities organised by George Salter academy either inside or outside of normal school hours, at weekends and during school holidays. This includes after school sports fixtures in any sport that is not identified as “high risk”, for example Outdoor Adventure Activities.
- The Academy will send you information about each visit 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.
- This consent will not cover residential and overseas visits and any visit that includes an adventurous activity. The Academy will require separate and specific consent for those types of visits.

Name of Child:	
Date of Birth:	

Emergency Contact Numbers – Please provide three phone numbers.

Name	Relationship to the Student	Emergency Contact Number

Medical & Dietary Information

IMPORTANT NOTE FOR PARENTS/GUARDIANS/CARERS

The personal and medical information requested below is vital to ensure that appropriate care and support is available for your child on the visit. Please consult your family doctor if you are unsure about the suitability of a visit. Medical conditions will not necessarily exclude your son/daughter from participating in activities, but Leaders must be made aware of anything that might affect the safety/welfare of your child or others in the group.

Medical & Special Needs	delete as appropriate
Does your son/daughter have any significant allergies (including to medication)?	Yes / No
Does your son/daughter have any medical conditions, impairments, or disabilities?	Yes / No
Has your son/daughter had any recent significant illnesses or injuries?	Yes / No

If the answer is “yes” to any of the questions above, please give full details below including any personal medication that will need to be administered during a visit (use an additional sheet if necessary):

Minor medical treatment during the visit(s)

Young people sometimes need minor medical treatment for conditions such as headaches, rashes, coughs & colds, insect bites, etc. With your permission, the Visit Leader will authorise treatment of these ailments with the following “off the shelf” products which are commonly available from most chemists:

Paracetamol, throat lozenges, cough mixture, antiseptic cream, calamine lotion, antiseptic wipes, hypoallergenic adhesive plasters, insect bite antihistamine, suncream.

Please state clearly below if you do not wish your son/daughter to be given any of the products mentioned above (or if other alternatives are acceptable or preferred instead):

Are you willing for your child to be given these products, if required?

Yes / No

PARENT/GUARDIAN DECLARATIONS and CONSENT

- **I agree** to my son/daughter (named above) taking part in visits and activities off the Academy premises.
- **I agree** to his/her participation in all of the activities, unless otherwise agreed with the Visit Leader.
- **I acknowledge** the need for obedience and responsible behavior on his/her part, and accept that any serious misbehavior that could put others at risk may result in him/her being withdrawn or returned from the visit.
- **I understand and accept** that there is some level of risk in every visit and activity, but that all reasonable measures will be taken to minimise the risks involved.
- **I have listed all relevant medical or other conditions** concerning my daughter/son that might affect the duty of care expected during an off-site visit.
- **I undertake to inform the Visit Leader or my child's Head of Year (in writing) of any changes in the medical or other circumstances of my son/daughter before the date of departure of a visit.**

Signed:

Name:

Date:

Relationship: Parent / Carer / Guardian
(please delete as appropriate)