**ST DAY & CARHARRACK COMMUNITY SCHOOL 2018-2019**

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

You are responsible for informing the school office immediately of any changes in your contact details.

**NAME OF CHILD**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**YEAR:**\_\_\_\_\_\_\_

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

1. To take part in school trips and other activities that take place off school premises and which may involve travel by coach/mini-bus/car (member of staff or parent volunteer)/public transport.
2. To sit in the front seat of a car YES/NO**\* (delete as applicable)**

**Please note the following important information before signing this form:**

The trips and activities covered by this consent include;

* + all visits/trips which take place during the day
	+ adventure activities at any time
	+ off-site sporting fixtures outside the school day
	+ local places within walking distance

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, 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 the medical information section below (if applicable) and sign and date this form if you agree to the above.

**MEDICAL INFORMATION**

Details of any medical condition that my childsuffers from and any medication my child should take during off-site visits:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Name………………………………………………………………**

**Address………………………………………………………………………………………..**

**Home Tel No. ………………………………… Mobile Tel No……………………………**

**Emergency Tel No………………………………………**

**Email………………………………………………………**

**Date………………………………………**

**Signature of Parent/Guardian……………………………………………………………..**