AP1 **PARENTAL CONSENT FORM**

CONSENT FORM FOR EDUCATIONAL TRIPS AND OTHER OFF-SITE ACTIVITIES

PARENTAL CONSENT FORM	
Student Name:	
Class (Form Group/Year):	

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 academy day,
- all off-site activities for nursery schools.

The academy will send you information about each trip or activity before it takes place.

You can, if you wish, tell the academy that you do not want your child to take part in any particular academy trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the academy – for example, year-group visits to local amenities – as such activities are part of the academy's curriculum and usually take place during the normal academy day.

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

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

MEDICAL INFORMATION

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

a) To take part in academy trips and other activities that take place off academy premises; and

b) To be given first aid or urgent medical treatment during any academy trip or activity.

Parent Name:	
Signed:	
Date:	