**William Cassidi C. E. Aided Primary School**

**Consent Form For School Trips And Other Off-Site Activities**

The Department for Education (DfE) has issued guidance to schools on parental consent for off-site activities. From September 2012 written consent will not be required for pupils to take part in off-site activities organised by the school (with the exception of Nursery children) as most of these activities take place during school hours and are a normal part of a child’s education.

Written consent will only be requested for activities which need a high risk management or will take place outside school hours. The DfE has prepared a consent form which schools can ask parents to sign once on entry at school, however at William Cassidi it is our policy to ask for consent on a yearly basis. This will cover a child’s participation in many types of activities throughout their time in the school year. These include academic visits, sporting activities and fixtures, religious, cultural and social visits. Parents will still be informed of visits and arrangements this will give parents the opportunity to withdraw from an activity.

Please sign and date below if you consent to 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:

* The trips and activities covered by this consent include: all visits and activities which take place during the school day.
* The school will send you information about each trip or activity before it takes place which will ask for any changes in emergency contact numbers and current medical information.
* You can, if you wish, inform us in writing that you do not want your child to take part in a particular trip or activity.
* In line with GDPR data gathered will be stored securely at school, taken on the visit, and retained for the academic year. This time may be extended due to queries about the activity or accidents which may occur during the activity.

Name of child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Emergency contact numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_