

**MAYFIELD SCHOOL**

**Academic Year: 2021-22**

**Consent form for School Trips and Other Off-Site activities**

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| Child’s Name: |  |
| Year Group/  Class: |  |

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
2. To be given first aid or urgent medical treatment during any school trip or activity.

Please note the following important information before signing this form:

The trips and activities covered by this consent include:

* All Visits (including residential trips)
* Adventure activities at any time
* Off site sporting fixtures outside the school day
* All off-site activities

All such visits and journeys will have been risk assessed, approved by the Educational Visits Coordinator or Headteacher and follow Government Health and Safety Guidance. The School will send you information about each trip or activity that occurs outside the normal School Day before it takes place. Where possible the School will also be providing information regarding visits that are a normal part of your child’s education, such as visits to a museum or Library etc.

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

Specific 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 school day. However, specific consent will be requested for activities perceived to involve a higher level of risk, such as a visit involving a long journey or adventure activity as well as a visit for which an agreement is required for payment or other terms and conditions.

The school holds a detailed policy on the safe run of off-site activities which you can obtain from school and particular attention is paid to health and safety issues.

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

**Medical Information**

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

Please tick the appropriate boxes

|  |  |  |
| --- | --- | --- |
| Does your child have any medical issues requiring medical treatment? | Yes | No |
| Does your child have any special dietary requirements? | Yes | No |
| Does your child have any allergies (including allergies to medication?) | Yes | No |
| Has your child been in contact with any contagious diseases in the last 4 weeks? | Yes | No |

If you have answered YES to any of the above questions, please give details below:

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It is important that you inform the school as soon as possible of any changes in the medical or other circumstances.

**Refreshing your Consent**

This form is valid for the entire academic year – it will be updated on an annual basis. Where you would like to amend the provisions for which consent has been provided, you must submit your request in writing to the Head Teacher. A new form will be supplied to you to amend your consent accordingly and provide a signature.

**Withdrawing your Consent**

Parents have the right to withdraw their consent at any time. Withdrawing your consent will not affect any trips/other off-site activities that have occurred prior to withdrawal. If you would like to withdraw your consent, you must submit your request in writing to the Head Teacher.

***We collect and use personal data in order to meet the legal requirements and legitimate interests set out in the General data Protection Regulations (GDPR) and UK Law. We do not store personal data indefinitely; data is only stored for as long as it is necessary to complete the task for which it was originally collected.***

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| --- | --- |
| Parent/Guardian Signature: |  |
| Parent/Guardian Name: |  |
| Date: |  |