



Parental Consent form for local off-site activities

This is a consent form to cover local off-site trips, sports fixtures and visits that your child may be undertaking during the school year. These visits may include short journeys on foot or in vehicles and some may continue beyond the school day. Details of each visit will be sent to you in advance. None of these visits includes any adventurous activity, or involves an overnight stay. A separate specific consent form will be sent out for visits involving adventurous activities or for residential visits.

The Park Community School, Park Lane, Barnstaple, EX32 9AX, Tel: 01271 373131

Name of Student

Date of Birth

Ongoing Medical Problems

Any relevant information concerning your child's PHYSICAL health requiring special attention but which does not prevent him or her taking part should be noted below. For example: Allergies, epilepsy, travel sickness, asthma and eczema.

	Name of Condition / symptoms	Medication	Frequency of use.	Can your child administer the dose?
1.				
2.				

Temporary Illness
E.g. Tonsillitis

Name of Condition / symptoms

Medication

Frequency of use.

Can your child administer the dose?

1.

Mental Health Issues Eg anxiety, depression, vertigo, claustrophobia self-harm, agoraphobia.

1.
2.

Specific Dietary Requirements – Allergies etc.

Has your child had any recent medical intervention / problems? Broken bones etc.

Yes/No

Details

Can your child swim 25 Metres (please circle)

Confidently

Can Manage

Not At All

Do you have any additional information you feel would be important for us to know?

Free School Meals - Please indicate if your child does/does not receive FSM.

Yes/No

If Yes will they require a packed lunch for all trips.
Yes/No

Name of Parent /Carer

Home Address

Postcode

Tel Number

Home/Work

Mobile

Email Address

Name Of Family Doctor

Surgery

Approx. date of last tetanus injection.

1. I would like my son / daughter to take part in the programme of visits planned for the school year.
2. I consent to any to any medical treatment required by my child during the course of the visit
3. I can confirm that I consider fit to participate.
4. I understand the details of all trips will still be sent to me in advance and I will have the opportunity to withdraw consent

Signed: _____ **Parent/Carer** **Date:** _____