**THE MICHAEL SYDDALL C OF E (VA) PRIMARY SCHOOL**

Noels Court, Mowbray Road, Catterick Village, Richmond, DL10 7LB

Telephone: 01748 818485

Email: [admin@michael-syddall.n-yorks.sch.uk](mailto:admin@michael-syddall.n-yorks.sch.uk)

**Consent form for school trips and other off-site activities**

Dear Parent/Carer

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) which take place during the holidays or a weekend
  + adventure activities at any time
  + off-site sporting fixtures outside the school day,
* The school will send you information about each trip or activity before it takes place.

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

Written parental consent **does not need to** be requested from you for the majority of off-site activities offered by the school – for example, visits to local amenities, museum visits, sporting competitions etc. – as such, activities are part of the school’s curriculum and usually take place during the normal school day. We do however send letters home for all our trips individually.

**School Trip Consent Form**

**Name of child………………………………………………… DOB………………………….**

I consent to my child participating in school trips and other activities as described above.

I will inform the school if there are any changes in my child’s medical condition or treatment or if I have any concerns regarding either which may affect my child’s participation in future trips.

**Medical information**

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

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

**Signed**……………………………………**(parent/carer) Date……………………**