



Consent Form for Educational Visits and Other Off-Site Activities

GENERAL INFORMATION

Name of Student: _____ Date of Birth: _____

Tutor Group: _____

CONSENT:

I (name of parent/carer) _____ of (home address of parent/carer & student) _____

give Broadoak Mathematics & Computing College consent for child to participate in the following activities during their time at Broadoak:

- PE practices after college.
- College sports fixtures during the school day.
- College sports fixtures after college and travelling by arranged transport.
- Sports tournaments which may be at home, away, at another school/college or another venue.
- Any other off-site trips and visits, both during the college day and out of normal college hours. Trips and visits covered by this consent include
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time

I consent to my child being given first aid or urgent medical treatment during any school trip or activity, and agree to keep the college informed of any changes in medical circumstances for my child.

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

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

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

Please complete the medical information section overleaf and sign and date this form if you agree to the above.

Signed _____

Date _____

PUPIL MEDICAL INFORMATION

1. If your son/daughter has any condition or impairment that may require specific management, medical treatment and/or medication during ANY outlined activity/trip/visit please give brief details:

2. If your son/daughter has any allergies or is allergic to any medication please supply details:

3. If your child has had any recent illness, accident or injury which staff should be aware of please supply details:

4. Date of your child's last anti-tetanus injection: _____

5. If your child suffers from travel sickness and must take medication, please supply details:

6. Is your child required to carry any medicines or medical equipment on their person?

Yes / No (please circle the correct answer) and give details _____

7. Family doctor: _____ Telephone: _____

Address: _____

8. For water based activities, is your child able to swim 50 metres? Yes / No (please circle the correct answer)

If you feel that further detail or a discussion is required regarding any of the information that you have supplied please contact your child's Tutor. You may also attach a letter to this form explaining in detail other medical conditions the College should be aware of.