

Ellistown Primary School

Whitehill Road, Ellistown, Coalville, Leicestershire, LE67 1EN

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Chair of Governors: Jim Walne

Head Teacher: Simone Fellows

Assistant Head Teacher Vicky Brooks



CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

Please sign and date the form below if you are happy for 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 important information before signing this form:

- The trips and activities covered by this consent include;
 - all visits which take place during the school day
 - all visits (including residential trips) which take place during the holidays or a weekend
 - adventure activities at any time
 - off-site sporting fixtures during the school day
 - Visits to a location that may require your child to travel by coach, mini bus or car
- 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 will not be requested from you for the majority of off-site activities offered by the school – 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 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:

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Please return the completed form to the school.

Name of Child: _____ **Date of Birth:** _____

Parent's/Carer's signature: _____

Name (Block Capitals): _____

Relationship to child: _____

Date: _____