

Student:

Dear Parent /Carer

Throughout the year we run a number of educational visits, extra-curricular activities, clubs and teams carefully selected to compliment the school curriculum, offer wider life experiences and reward students for achievements. In order for your child to attend these visits and extra-curricular activities we require your consent and detailed medical information for your child. We therefore ask that you fill out and return the attached Form 3A as **soon as possible**; we will then use this as consent for all low risk, off-site day visits and extra-curricular activities for this academic year.

You will be informed via letter of all individual off site educational visits in advance; the letter will include all the details of the visit and will provide the name of the visit leader should you require any further information. The letter will also remind you that we will be using the completed attached Form 3A as a basis of consent for the visit. If for any reason you do not want your child to attend a specific visit you will need to inform the visit leader of this in writing.

Similarly, for all off site extra-curricular activities a letter will be sent detailing the arrangements for the activity including pick up/collection times and other relevant information. On the rare occasion that last minute arrangements are made for fixtures, you may receive this information via phone call.

For visits and activities which are classed as adventurous and/or include a residential stay a further consent form and medical form will be issued and your child will be unable to attend unless these are returned.

If medical information for your child changes during the year please ensure you inform us of this otherwise we will assume that the medical information provided on the attached form is still correct. If your child has a medical condition which requires medication they must bring this on every educational visit and to every extra-curricular fixture; failure to do so will prevent them from participating. If your child's condition changes at any point and they no longer require medication you will need to inform us of this in writing.

Please note that on educational visits and during extra-curricular activities photographs may be taken which could include your child. These photographs may then be published in the press, host company's publications, college publications and also on the college's website. If you do not wish your child's photograph to be taken you must send a letter to Mrs Kim Turner.

Should you require any further information regarding educational visits or extra-curricular activities please do not hesitate to contact me.

Yours sincerely



Mrs R Hodges  
School Business Manager

**Parental/Carer Consent and Medical Information Form  
for Type A Educational/Off-Site Visits & PE Extra Curricular Activities  
(This form is to be completed in full by the parent/carers and returned to the School/ Service)**

**Consent for all Type A visits & PE extra-curricular activities/ fixtures for academic year 2018/2019**

Child's name: ..... Date of Birth: ..... Form/class: .....

**I agree to my son/daughter/ward taking part in the above stated visits/activities. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school/service reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school/service with any medical information or changes to emergency contact details.**

**Emergency Details:**

a) I may be contacted by telephoning the following telephone number(s):

Home: (.....) ..... Work: (.....) .....

Mobile Telephone no: .....

Name & Address: .....

b) Please state an alternative contact point: - Telephone number: (.....) .....

Name & Address of Contact: .....

**Other Information:**

**Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect him /her in this visit:**

.....  
.....

**Declaration by Parent/Carer:**

- In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.
- I will read carefully further information provided about proposed visits and insurance arrangements and will contact the visit leader with any concerns.
- I consent to my child taking part in Type A visits and declare my child to be in good health and physically able to participate in any activities mentioned; subject to any agreed adjustments.
- Upon receiving detailed information regarding specific visits I will note where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.
- I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School/Service prior to the visit.

**Signature of Parent/Carer** ..... **Date**.....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carers in block letters: .....

Address:  
.....

**Note: This Completed Form to be returned to the School/Service.**

**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**