

## Student Consent Form

I give permission for the following student to take part in all Educational visits/Extra-curricular activities and events that take place in the local area, during the course of the school day.

**I understand that I will be informed of trips by letter before they take place and I will inform the school if any information on this slip changes before or during trips.**

Name of student:	Date of Birth:
Form Group:	Emergency contact numbers for parent/carer: (1) (2) (3)
Parent/Carer name (please print):	
Address:	
I understand that video recording and photographs may be taken during the event. <input type="checkbox"/>	
Important information (e.g. medical condition, medication, dietary needs or activities not permitted):	
Declaration: In the unlikely event of an accident, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present.  Any amendments to this please specify:	
My child is entitled to Free School Meals: YES <input type="checkbox"/> NO <input type="checkbox"/>	
I give my permission for my child to walk home from school after the trip returns <input type="checkbox"/> I will be collecting my child from school after the trip returns <input type="checkbox"/>	
I agree to collect my child from the venue in the event of illness or poor behaviour.	
Signed:	
Signature: (Person with parental responsibility)	Date:

**Please note that students will NOT be allowed to participate in trips events unless ALL of the above information is included**