



Stratford College

Co-educational Secondary School

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

Please sign and date the form below if you are happy for your child

(please insert name here): _____ Class: _____

to:

- a) To take part in school trips and other activities that take place off school premises; and
- b) 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;
 - adventure activities during a day trip
 - off-site activities for Transition Year, not involving an overnight
- The school will make information available 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 now be requested from you for the majority of off-site activities offered – 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. If the activity is involving an extra cost, separate permission will always be sought. The Outdoor Pursuits week is not covered by this permission form.

School field-trips and activities offer valuable opportunities for pupils and staff. The success of such events depends, to a large extent, on responsible behaviour, co-operation and a willingness to join in positively. Normal school rules and procedures will apply and pupils are expected to support the policies outlined in the Code of Behaviour. We anticipate the full co-operation of your son/daughter at all times.

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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:

Signed: _____

Print name: _____

Dated: _____