



Consent form for trips and other off-site activities

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

child _____

a) To take part in _____

b) To be given first aid or urgent medical treatment during any trip or activity.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

Medical information

Please detail below any medical condition that your child suffers from and any medication they should take during the trip:

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Emergency contact name & number

Signed.....

Date.....