 

**Annual Trip Permission Form**

Please sign and date the form below if you are happy to give consent for your child,

Click or tap here to enter text. Class: Choose an item.

1. To take part in school trips and other activities that take place outside school premises; and
2. To be given first aid or urgent medical treatment during any school trip or activity if necessary.

**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,
  + Off-site sporting fixtures outside the school day.
* 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 within the school’s extended learning area – 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.

**Medical information**

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

|  |
| --- |
| Click or tap here to enter text. |

**Signed:** Click or tap here to enter text. **Date:** Click or tap to enter a date.