



**Annual Consent/Indemnity Form for School Trips and Activities**

Name of Pupil ..... Year .....

**Medical Information**

Please provide details of any medical conditions your child has, including regular medication needs, e.g. epilepsy/asthma/inhaler, diabetic/insulin/migraines etc. Please also provide the name, address and telephone number of your GP/Medical Centre.

**a) Medical Conditions**

---

---

**b) Medication Required (inc. dosage and frequency)**

---

---

**c) Allergies (including food/medication)**

---

---

**d) Dietary Requirements**

---

---

**e) Does your son/daughter suffer from travel sickness?** Yes  No

Please give details of any medication taken \_\_\_\_\_

GP/Medical Practice \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

I give full permission for members of school staff to authorise emergency medical treatment in an emergency for my child and also to administer minor first aid if needed.

Signed ..... (Parent/Carer) Date .....

*Continued ....*

### Annual Consent/Indemnity Form

I agree that:-

1. I consent to my child participating in trips and other activities that take place off the School premises, within the UK and do not involve either residential or hazardous activities. I also agree to his/her participation in any or all of the activities involved.
2. I acknowledge the need for obedience and responsible behaviour on his/her part.
3. It is my responsibility to inform the School of any changes to the details on this form.
4. I can inform the School if I do not want my child to take part in any particular trip or activity.
5. I will inform the School if I have any concerns regarding any medical complaint or treatment needed which may affect my child's participation in future trips.

With reference to insurance cover my son/daughter will be covered for personal accident and loss, damage and theft of personal belongings through the school journey insurance taken out by the School.

Please supply contact telephone numbers where parents/carers may be reached in the event of an emergency.

<b>Name</b>	<b>Relationship</b>	<b>Home No:</b>	<b>Work No:</b>	<b>Mobile No:</b>

Please sign to acknowledge your agreement and consent. If you have any reservations or queries in connection with any educational/recreational visit please contact the School Office.

I hereby sign the Annual Consent/Indemnity Form to give permission for my child to take part in visits and agree to the conditions in this agreement.

Signed ..... Date .....

**Please return the completed form to the School Office.**

*Continued ...*