



CONSENT FORM FOR SCHOOL TRIP to Let Loose!



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

NAME

- a) To take part in this school trip that will take place off school premises; and
- b) To be given first aid or urgent medical treatment during this school trip.

PLEASE NOTE

The following important information before signing this form:

- The trip and activity covered by this consent include;
 - A visit which will take place during term time
 - Adventure activities and outside learning
- The school will send you detailed information about this school trip before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in this school trip.

Written parental consent will not be requested from you for this off-site activity offered by the school, 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 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:

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SIGNED

DATE

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