



CONSENT FORM FOR KESWICK SCHOOL TRIPS AND ALL OTHER OFF-SITE ACTIVITIES

Full Name of Child:			
Class/Year Group:		Date of Birth:	

EDUCATIONAL VISITS

This consent *will* last for the time that your child is with us at this school, but it is good practice for us to confirm your consent for residential or adventurous visits again at the time we run such activities because we may require further information relevant to that single trip e.g. phobias, swimming ability, sleepwalking etc. When you are informed that this kind of visit will take place, you will be asked for further information and offered an opportunity to withdraw this consent. You should also complete and return any slip provided at that time.

I consent to my child taking part in school trips and other activities that take place off-site **and** to them being given urgent medical/dental treatment or necessary pain relief during any trip or activity. I understand that:

- **All** trips and activities are covered by this consent and will include;
 - all visits (including residential trips) which take place during the holidays or a weekend,
 - adventure activities at any time *and*
 - off-site sporting fixtures outside the normal school day,
- School will provide me with information about each trip or activity before it takes place.
- I can inform school that I **do not** want my child to take part in a particular trip/activity and I should do so in writing.
- I **must** ensure that I and my child understand and agree to abide by any trip Code-of-Conduct.
- I **must** keep school informed if any medical information I have provided becomes out-of-date or where religious beliefs may impact on any medical treatment my child may receive.
- I **must** keep school informed if any emergency contact information I have provided becomes out-of-date or does not apply to a particular trip and I must provide alternatives as necessary.
- All school activities are appropriately insured. I also understand the extent and limitations of this insurance (details available on request).

Continued overleaf



Headteacher: S. Jackson, M.A. (Oxon), M.Ed., FRSA
 Keswick School Multi Academy Trust:
 a company limited by guarantee
 Registered in England: Company Number: 07664297
 Registered Office: Vicarage Hill, Keswick, Cumbria, CA12 5QB
 Tel. 017687 72605
 Email: admin@keswick.cumbria.sch.uk
 Web: <http://www.keswick.cumbria.sch.uk>

Medical Information: Details of any medical conditions including allergies and travel sickness that my child suffers from and any medicines with dosage etc. that they should take during off-site activities including those outside school hours or overnight – attach additional sheet if necessary.

EMERGENCIES	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship:				
Telephone Number(s):	Work:		Work:	
	Home:		Home:	
	Mobile:		Mobile:	

Signed:		Date:	
Print Name:		Relationship to Child:	



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