



Wykham Park Academy Banbury

an Aspirations Academy

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Miss Sylvia Thomas – Principal of Banbury Aspirations Campus

Academy Educational Visits and Off-Site Activities

Please sign the slip overleaf if you are happy for your child to:

- a) take part in academy trips and other activities that take place off school premises;
and
- b) to be given first aid or urgent medical treatment during any academy trip or activity.

Please note the following important information before signing the form:

The trips and activities covered by this consent include all activities undertaken within the **local area**

Such as:

- Local sports fixtures during school hours and activities/visits outside normal school hours, where blanket consent is appropriate, such as local sports fixtures out of school hours
- Visits to local parks, libraries, museums etc.
- Regular curriculum-based adventure activities
- 14 -19 multi-site curriculum delivery
- Youth “drop-in” activity centres

Specific, (i.e. one-off), parental consent will be obtained for all other visits. For visits covered by the blanket consent, sufficient information will be made available to parents, letters, meetings, etc., so that consent is given on a ‘fully informed’ basis.

- You can, if you wish, tell the academy that you do not want your child to take part in any particular academy trip or activity.

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



Aspirations – Company Registration Number: 07867577
Managing Director: Steve Kenning



Wykham Park
Academy Banbury



Banbury Aspirations
Campus Sixth Form

Consent to Activity, Medical Details and Treatment Form (overleaf)

Name of Young Person..... Year:

Date of Birth..... Male ☐ Female ☐

Home address: Tel. No:

Emergency contact telephone numbers (home/mob/work)

1) 2) 3).....

Name, address and tel. no. of own doctor
.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness or disability?
If so, please give details:
.....

Is he/she allergic to anything? (E.g. aspirin, antibiotics, any particular food or drug? If so, give details)
.....
.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines, etc. (These MUST be handed to the Party Leader)
.....

Are there any reasons that you know of that stops her/him from participating fully in the planned activities?
.....

Are there any activities in which he/she should not participate?
.....

Date of anti-tetanus injection (if known).....

Is there any other relevant information which the party Leader should be aware of?
.....

Please indicate any special food dietary/requirements where applicable:
.....

I wish my child to take part in the journey/activities and having read the information provided, agree to his/her taking part in any or all of the activities described. Yes ☐ No ☐

Name (Please print)..... Signature.....
Date.....

* All journeys and activities carry some amount of risk.



CONSENT TO MEDICAL TREATMENT

I (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetics or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP if circumstances are deemed necessary and appropriate.

Name (Please print)..... Signature.....

Date.....