

Parental Consent Form for activities & medical treatment

Student	
Name:	
Year Group:	
Mentor or College	

Parent/Carer	
Name:	
Relationship to pupil:	

Please indicate whether you give your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

On-site activities

I give my permission for my child to:

Use the internet in line with the School's E-learning Code of Conduct for Pupils	<input type="checkbox"/>
Take part in food preparation/cooking and tasting activities	<input type="checkbox"/>

Please outline any food allergies/specific dietary requirements:

.....

Off-site activities

I give my permission for my child to take part in:

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	<input type="checkbox"/>
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	<input type="checkbox"/>
Visits to local parks, libraries, museums etc	<input type="checkbox"/>
Regular curriculum-based adventure activities	<input type="checkbox"/>
Youth "drop-in" activity centres	<input type="checkbox"/>

Medical consent

I give my permission for:

My child to be given first aid by a trained member of staff during any on-site or off-site activity	<input type="checkbox"/>
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	<input type="checkbox"/>
My child's information to be shared with the NHS and other relevant health professionals	<input type="checkbox"/>
Plasters to be applied to my child	<input type="checkbox"/>
Staff to administer the medicines as specified on signed medication forms	<input type="checkbox"/>

Please outline any medical conditions/allergies:

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Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Person 1	
Name:	
Address:	
Relationship to pupil	
Contact number	
Person 2	
Name:	
Address:	
Relationship to pupil	
Contact number	

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Please sign and date the form before returning it to the School Office.

Signed: Date: