



EDUCATIONAL VISITS & TRIPS CONSENT FORM

(Revised – GDPR)

As part of your son/daughter's education he/she will be given the opportunity to go on a wide variety of visits and trips, inclusive of sports fixtures, to enhance his/her understanding and skills within different subjects. There were over 50 visits organised over the past year.

Not all trips are compulsory and this will be made clear to you in the letters that we send home. Some visits are planned to enhance school learning, develop thinking skills, others are needed for coursework.

Please complete the consent form that enables us, provided that we have notified you, to allow your son/daughter to participate in visits and trips within the school day. This will save you having to fill in a separate form for each visit. Payment will be needed by the deadline if your son/daughter is to attend (where appropriate).

If the visit is a Residential or an extended day, we will need you to complete an additional form. It is your responsibility to keep us up to date of any changes to your son/daughter's health. These will be sent out via ParentMail if you are registered or via your child's Tutor.

Student Name:		Tutor Group:	Date of Birth:	
Medical Information				
GP's Name:		Tel No:		
Address:				
Is your child currently vaccinated against tetanus?			YES	NO
Date of last booster:				
May your child be given paracetamol?			YES	NO
May your child be given ibuprofen?			YES	NO
Does your child have any condition or illness that requires medical or surgical treatment, including medication? If YES please provide details below:			YES	NO

Does your child have any allergies? (dietary / medicinal / materials / animals / insects)	YES	NO	If yes, please give details:
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Specific dietary requirements:

Any other relevant information:

Please note:

1. Where medication is required, an adequate amount for the entire visit must be provided in its original packaging, labelled with the student's name, the name of the medication, the condition which it treats and the appropriate dosage.
2. If specific advice needs to be followed in an emergency, these details and a doctor's letter confirming the treatment and fitness to participate in the individual visit must be provided.

Consent – I agree to the information section overleaf

That my child may attend and participate in all low risk educational visits, day trips and off site sporting activities organised by George Stephenson High School for the duration of their time at the school.

I have ensured that my child understands that it is imperative for their safety, and the safety of the group, that rules and instructions given by persons in charge of the visit/activities are obeyed. I accept that if my child does not meet the Code of Conduct requirements then he/she may be returned home, accompanied by an adult, before the end of the trip and that I will be required to bear the cost of this.

I authorise members of staff to approve such medical treatment for my child as is deemed necessary in an emergency. While I understand that the school will use all reasonable endeavours to contact me, I agree to my child receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present and that I will be responsible for any costs not covered by insurance.

I understand and accept that it is **my responsibility to update the school** should there be any changes to the medical information about my child. This form can be downloaded from the school website at any time.

I,, give consent for my child to attend educational visits and trips.

Parent/Carer's Signature: **Date:**

Student if over 13 years: I,, consent to attend educational visits and trips.

Student's Signature: **Date:**

THE INFORMATION ON THIS FORM WILL BE TAKEN ON EVERY VISIT BY THE GROUP LEADER.