

Local Visits Consent Form

Consent form for educational school visits and other offsite activities.	
Please sign and date the form below if you are happy for your child.	
(Name and surname)	
 To take part on educational school visits and other activities that take place off and 	the school premises;
b) To be given first aid or urgent medical treatment during any school trip or activc) To be taken to the local shop or post office as part of a small group	ity.
Please not the following information before signing this form.	
• The trips and activities covered by the consent includes all trips within walking ride from school.	distance or one bus
• The school will send you information about each trip or activity before it takes	place.
 You can, if you wish, tell the school that you do not want your child to take part trip or activity. 	t in a particular school
Written parental consent will not be requested from you for the majority of the loc offered by the school – for example, year group visits to local amenities – as such a the school's curriculum and usually take place during the normal school day.	
Please complete the medical information below (if applicable) and sign and date the	nis form if you agree.
Medical information	
Details of any medical condition that your child suffers from and any medication your during off-site visits:	our child should take
Signed:	
Date:	