***PLEASE SIGN AND RETURN AS SOON AS POSSIBLE***

**NEWDIGATE CE INFANT SCHOOL**

**CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES**

Child’s Name: ………………………………………………………… Intake: Sep ’20 to Jul ‘23

During your child’s time at Newdigate CE Infant School, they will be participating in activities and trips off the school site, which will enhance their learning experience.

By signing this consent form at the start of their admittance to school, we will not require any further parental written consent for the majority of off-site activities offered by the school, as such activities are part of the school curriculum and usually take place during the school day and are within a reasonable walking distance.

Please sign and date if you are happy for your child to

1. Take part in school trips and other activities that take place off school premises; and
2. Be given first aid or urgent medical treatment during any school trip or activity

Please note the following important information before signing this form:

* 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 in any particular school trip or activity.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above. If any details or medical information changes during your child’s time at Newdigate Infant School, *it is the responsibility of the parent to inform school as soon as possible.*

MEDICAL INFORMATION

Details of any medical condition that my child, ………………………………………………………….. suffers from and any medication my child should take during off-site visits:

………………………………………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………

Signature of Parent: ………………………………………………………………………………………………………….

Date: ……………………………………………………………………………………………………………………………………..

Contact Phone number (preferably mobile): …………………………………………………………………