



Dear Parent/Carer

**EMERGENCY CONTACTS/MEDICAL INFORMATION AND CONSENT FORM FOR TRIPS/SPORTING ACTIVITIES FOR EDUCATIONAL YEAR 2021/2022**

Please sign and date the form below if you consent to your child:

- a) taking part in school trips and other activities that take place off school premises; and
- b) being given first aid or urgent medical treatment during any school educational visit or activity.

Please note the following important information before signing this form:

- All school trips and activities (including sporting events) are covered by this consent.
- The school will provide you with information about educational visits in advance regarding cost, clothing required, lunch and transport arrangements and any other necessary information.
- Photographs may be taken during trips/activities. These may be used in promotional adverts/websites.
- You **must** keep the school informed if any medical information you have provided becomes out-of-date.
- You **must** keep the school informed if any emergency contact information you have provided becomes out-of-date.
- You will ensure that you remind your child to behave well, to be attentive and to follow instructions given by the supervising adults.

We will not ask you again for your permission for the majority of educational visits or activities during the educational year 2021/22. Please inform the school in writing if, at any time, you wish to withdraw your consent from (a) or (b) above. It is extremely important for us to have 4 emergency contact details, wherever possible, please.

Please complete the medical and emergency contact information section below and sign and date this form if you agree to the above. Please note these are the adults we will contact in the event of your child being ill/having an accident which will need them to be collected from school, so this information must be kept up-to-date. Please inform the school of any changes.

Yours sincerely  
Miss Du Bruyn, Headteacher

<b>Full Name of Child:</b>	<b>Date of Birth:</b>	<b>Class:</b>
<b>Home Address:</b>		
<b>Parental e-mail address:</b>		
<b>Medical/Allergy Information: Please give full details of any medical conditions, including allergies. Please continued on a separate sheet if necessary</b>		
<b>Does your child suffer from Travel Sickness?</b>		<b>Yes/No</b>
<b>EMERGENCY CONTACTS:-</b>		
<b>1. Name</b>	<b>Phone No.</b>	<b>Relationship to Child</b>
<b>2. Name</b>	<b>Phone No.</b>	<b>Relationship to Child</b>
<b>3. Name</b>	<b>Phone No.</b>	<b>Relationship to Child</b>
<b>4. Name</b>	<b>Phone No.</b>	<b>Relationship to Child</b>

Signed ..... Date .....

Print Name ..... Relationship to Child .....