



PARENTAL CONSENT for PE related Extra-Curricular Fixtures Academic Year 2021-2022

Date: _____ **Student's Name:** _____ **Tutor Group** _____

I am aware that the school has a detailed policy on the safe running of educational visits, which I can obtain from the school on request.

I am also aware that the school's educational visits are always well organised with a particular attention paid to health and safety.

I consent to them taking part in the activities of the visit, which have been explained to me and I acknowledge the need for them to behave responsibly.

I understand there can be no absolute guarantee of safety, but appreciate that the school leaders of the visit retain the same legal responsibility for students as they have in school and will do everything that is reasonably practicable to ensure the safety of everyone.

CONSENT TO PARTICIPATE IN EXTRA-CURRICULAR SPORTING FIXTURES

I consent to my child participating in extra-curricular sporting fixtures which takes place both at Plume Academy (Mill Road/Fambridge Road) and other schools/venues during and after school.

I also consent to them taking part in the activities of the fixture, which have been explained to me and I acknowledge the need for my child to behave responsibly.

TRAVEL PLAN

I consent to my child travelling to away fixtures on the school mini bus and/or external transport. I understand that they are required to wear a seat belt at all times.

TRAVELLING WITH TEACHERS

I consent to my child participating in and travelling to extra-curricular fixtures with any member of PE staff irrespective of staff gender.

MEDICAL CONDITIONS

It is essential that you inform us of any medical condition(s), including asthma, which may need to be taken into account in relation to this activity and any treatment or medicines that may be required.

If there is no medical condition, please state "NONE"

PARACETAMOL CONSENT: I give permission for the school to administer one paracetamol tablet, if requested to do so by the student. No more than one tablet in any day will be given. YES/NO (delete appropriately)

During the course of the visit, I authorise members of staff to approve such medical treatment for my child as is deemed necessary in an emergency, on the advice of a qualified medical practitioner. I have set out above any information that may be relevant to my son/daughter's health, together with details of any treatment that may be required.

RETURNING HOME: Trips that return after the end of the school day:

It is your responsibility to ensure your child is collected from school by yourself or an appointed responsible adult.

If you are consenting to your child walking home unaccompanied, you must indicate below:

I give permission for my child, named above, to travel home unaccompanied **YES / NO** please circle

Signature of all Parents/Guardians _____ Date _____

My emergency contact number is: _____