

PLUME SCHOOL
PARENTAL CONSENT for non-residential visit

Trip to: _____

Name of the member of staff leading the trip/event: _____

Date: _____ **Leaving school at:** _____ **Returning at:** _____

Student's Name: _____ **LG:** _____

I wish to enrol _____ in this activity and recognise that I must meet the charge agreed.

I also 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 that once the booking has been made, no refunds will be possible, except when there are insufficient numbers for the trip to run.

In this case the refund will be made by cheque.

Please **PRINT** the name of the person to whom this should be made payable:

Mr/Mrs/Ms _____

It is essential that you inform us of any medical condition(s), including asthma, that 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.

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 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.

For trips that return after the end of the school day:

Parents/guardians of students in Years 7, 8 and 9:

I will make arrangements for _____ to be collected from school

Signed _____ **Date** _____

My emergency contact number is: _____

Parents/guardians of students in Years 10 and 11:

Please cross out one of the choices below:

I will make arrangements for _____
to be collected from school **OR**

I give permission for _____ to travel home unaccompanied.

Signature of all Parents/Guardians for Years 7 – 13 _____

Signed _____ **Date** _____

My emergency contact number is: _____