**ANNEX C**

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

Please sign and date the form below if you are happy for your child, *[name]*:

a) to take part in routine local visits and activities which are a normal part of our educational provision, and

b) to 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 trips and activities covered by this consent include:

* all local visits that take place during school hours,
* other local visits that take place wholly or partly outside of school hours e.g. school sports fixtures, carol concerts.

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. Individual consent will always be sought for any residential visits, or visits that involve higher risk activities.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

**Medical information**

Details of any medical condition that my child, [*name],* suffers from and any medication my child should take during off-site visits:

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**Signed …………………………………………**

**Date ………………………**