

**General Parental/Carer Consent for Type A Educational/Off-Site Visits  
(This form is to be completed in full by the parent/carers and returned to School)**

**This is a general consent to all 'Type A' Visits.**

Type A visits are off-site activities that are considered 'low risk' and are for educational or rewards purposes. You will be notified if your son or daughter is going on such a visit but by signing this general consent it will not be necessary to sign a consent for each individual trip.

Type A Visits are one day visits only and might include trips to the theatre, a museum or low risk field trips.

We will use the contact details and medical information already on our management information system for these visits which makes it essential that the accompanying Data Sheet is completed fully and returned as soon as possible.

We will continue to ask you for specific permission for all Type B visits which include:-

- All residential visits
- Any visit involving a planned activity on water, or in which the presence of water is identified as a hazard on the risk assessment
- Any visit involving adventurous activities such as archery, caving, climbing, horse riding, ice skating, go-karting, kiting, boating, river walking, show caves and tourist mines, sand or land yachting, watersports, snow activities and kiting.
- Visits to farms or to theme parks

**Details of Pupil**

Child's name: ..... Date of Birth: .....

Form/class: .....

**I agree to my son/daughter/ward taking part in Type A visits. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/daughter/ward continuing with the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid.**

**I note that the information I have provided on the annual Data Sheet and recorded on the school's management information base will be used as reference and I agree that I will update the school with any medical information or changes to emergency contact details.**

**In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.**

Signature of Parent/Carer ..... Date.....

**(N.B. Parental/Carer consent required for children aged 17 and under)**

Name of parent/carers in block letters: .....

Address: .....

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**In the case of the participant being 18 years of age and above, the form must also be signed by them to confirm the accuracy of information, and consent to any necessary medical treatment.**

Signature of Pupil if 18 years of age or above:-

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