

CHIEVELEY PRIMARY SCHOOL

ANNUAL CONSENT FORM FOR SPECIFIC OFF-SITE LEARNING

Throughout the year the school organises a number of routine visits and journeys away from the school site as part of the children's learning experiences. Such visits take place during the school session times and tend to be local to the school area.

Visits and journeys during the school day are an extension to their classroom activities and present no significant risk to the health and safety of the pupils.

All visits and journeys away from the school site must be approved by the Headteacher.

The purpose of this consent form is to enable parents/guardians of children at the school to give their permission for their child to participate in frequent, local, curriculum focused visits and journeys away from the school during the school day.

This consent will allow your child to leave the school site for a local visit on several occasions without having to sign a separate consent form for each visit.

Examples of such visits are:

- Local sports fixtures both during school hours and at set after school times
- Weekly swimming lessons
- Local visits to the local park, museums, churches, libraries, woodlands and other locally used outdoor sites, etc
- Town/village walks & the immediate countryside

Name of child:

Year group:

Class :

I have read this form and understand that I am only giving my consent to allow my child to participate in routine visits and journeys which take place during school session times as an extension of their curriculum activities.

I understand that all such visits and journeys have been risk assessed, have been approved by the Headteacher, and follow the Local Authority's guidance.

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ADDITIONAL MEDICAL INFORMATION

Please ensure that medical or other personal information currently provided by you and held by school with respect to your son/daughter has been updated.

This must be provided in writing to the school office prior to any visits taking place.

I will undertake to inform the school of any changes as soon as possible.

Your name ((Please print) _____

Signed (Parent / Guardian) _____

Contact telephone number: _____

Date: _____

*** NB: Any visit that involve Adventure Activities (eg watersports), residential, is abroad, is a school led visit to sites with specific environmental hazards (eg: rivers or coastal fieldwork – Open Country), or is at a distance beyond which immediate school help is possible, will require specific Informed Consent from parents. Forms will be sent to parents as appropriate with respect to such visits**

Emergency administration of Calpol (paracetamol suspension) and/or Antihistamine Oral Solution in school.

Please be aware that we will always try to contact you before these medicines are administered to obtain your approval.

I consent to my child receiving an age appropriate dosage of Calpol (paracetamol suspension) in the event of emergency or extreme circumstances.

Signed _____ parent/guardian

I consent to my child receiving an age appropriate dosage of Antihistamine Oral Solution (cetirizine hydrochloride) in the event of emergency or extreme circumstances.

Signed _____ parent/guardian



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