



Maiden Erlegh Chiltern Edge MEDICAL INFORMATION AND CONSENT FORM FOR SCHOOL TRIPS AND OFF-SITE ACTIVITIES

Student Name: _____

Please sign and date the form below if you are happy for your child:

- To take part in school trips and other activities that take place off school premises; and
- 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 visits (including residential trips and those which take place during the holidays or a weekend). Parental consent will be required where there is a cost/donation request.
 - adventure activities at any time
 - off-site sporting fixtures outside the school day. Fixtures include netball, football, cricket, rounders, tennis, rugby, tag rugby, hockey, basketball, handball, American football, badminton, table tennis, athletics and rowing.
 - travel to and from events on the school minibus
- 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.
- There will always be an appointed person for first aid on each trip. (*This may not necessarily be a trained first aider.*)

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school's curriculum and usually take place during the normal school day.

Medical information

Please indicate below any medical condition(s) and information that should be recorded on our database for your son/daughter. This will be used for any non-residential off-site activities as detailed above.

Please indicate below:

- any medication that should be taken with your child during an off-site visit (e.g. Jext-pen, Inhaler, etc)
- any recommendations regarding treatment if the need arises

Consent

I confirm my consent to my child taking part in school trips and other activities that take place off the school premises and to be given first aid or urgent medical treatment during any school trip or activity based on the medical information I have supplied above. I understand that it is my responsibility to keep the school updated of any changes in writing or by email to: office@maidenerleghchilternedge.co.uk

Signed: _____
Parent/Guardian

Date: _____