

# Haylands Primary Pupil Annual Consent 2023/2024

## Annual Consent: School Trips and Off Site Activities (All Pupils)

Please complete, sign and date the Annual Consent form if you are happy for your son/daughter:

- a) To take part in local (IOW) school trips and other activities that take place off school premises; and
- b) To be given First Aid or urgent medical treatment during any school trip or activity.

It is the responsibility of all parents/guardians to ensure all contact details held by the school are up to date and that the School Office is informed of any health concerns, changes in conditions, treatment or medication in order to maintain school records and update information for school trips and off site activities.

Any changes in circumstances please contact the School Office: 01983 563372 / [admin@haylands.iow.sch.uk](mailto:admin@haylands.iow.sch.uk).

### Please note the following important information:

Written parental consent will no longer be requested from you for the majority of school trips or off site activities offered by the school that take place during the normal/extended school day as this is covered by annual consent.

The trips and activities covered by annual consent include;

- o all School Curriculum visits; and
- o off-site sporting fixtures

The school will send you information and cost of each trip or activity before it takes place.

You may need to complete a Payment Agreement Form for the cost of the trip or activity and return it to the organising teacher as requested.

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 (please inform the school within 5 days of notification)

Consent will continue to be sought for any trip or activity that is not part of the school curriculum or an afterschool club sporting fixture.

Consent will continue to be sought for all residential excursions or off-Island visits.

Any student without a completed Annual Consent Form **WILL NOT** be able to attend any school trips or off site activities.

\* Required

## Pupil Details

1. Child's Full Name \*

2. Date of Birth \*



3. Class \*

4. Home Address \*

5. Emergency Contact Name \*

6. Emergency Contact Number \*

7. I give permission for my son/daughter:

- a) To take part in local (IOW) school trips and activities that take place off school premises;
- and b) To be given First Aid or urgent medical treatment during any school trip or activity.

Name of Parent/Carer \*

## Medical information

8. Doctor's Name \*

9. Doctors Telephone Number \*

10. Surgery Address \*

11. Does your child suffer from any medical conditions? \*

Yes

No

12. If yes please give details of condition/treatment/medication

13. Does your child suffer from any allergies? \*

Yes

No

14. If yes, please give details of allergies and treatment if allergic reaction occurs

15. Please give any other information that will help staff support the health needs of your son/daughter on school trips or during off site activities \*

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