



## 2017-2018 - ANNUAL CONSENT FOR LOCAL OFF-SITE VISITS AND MEDICAL TREATMENT

Name of Child/Young Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I understand** that my child may leave the school/residence premises for local visits to the following types of destinations.

Local Parks - Chinley, Chapel-en-le-Frith, Whaley Bridge, Glossop, Buxton, Etherow Country Park  
Chinley village

Walks from School - Local footpaths and lanes

Country walks and nature trails - Grinlow Country Park (Buxton), Goyt valley (Erwood House, old  
Railway track on Goyt's Lane), Set valley Trail (Hayfield)

Lake/river/canal side walks - Fernilee Reservoir, Chinley - Whaley Bridge along the canal,  
Supermarkets - Glossop Tesco and Aldi, Whaley Bridge Tesco, Chapel-en-le-Frith Aldi and  
Morrison's, Buxton Morrison's, Waitrose, Sainsbury, Aldi

Town centres - Chapel en le Frith, Buxton, Glossop, Castleton

Cafes, shops, libraries - Chapel-en-le Frith, Whaley Bridge, Buxton and Glossop

Garden Centres Branching out (Chinley), Glossop,

Leisure Centres - New Mills, Glossop

NB all journeys will be by foot, by school minibus or by public service bus within a 7 mile radius of school

Separate permission will be sought for Horse riding, swimming at New Mills Pool, Link courses at University of Derby College at Buxton, work experience or trips that are further afield or not part of our regular outings.

I hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

**YES/NO**

**I agree** that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

**YES/NO**

**I undertake** to inform the Group Leader/Headteacher as soon as possible of any change in the medical or other circumstances after the date shown below.

**YES/NO**

**I understand** that my son/daughter may be videoed or photographed to promote off-site activity at the school/centre. I give my consent for video and photographs to be taken of my son/daughter. I also understand these might be used for promotional purposes. **YES/NO**

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

Signed: ..... Name: ..... (Parent/Carer)

Date: .....



**I/We may be contacted by telephoning the following numbers:**

Work:	Home:	Mobile:
Home Address:		

**If the above contact is unavailable then please contact:**

Name:		
Work:	Home:	Mobile:
Home Address:		

A) Name, address and telephone number of family doctor:

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B) Does your child suffer from any conditions requiring medical treatment or medication? **YES/NO**

If yes please give details          
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C) Is your child allergic to any medication or treatment? **YES/NO**

If so please give details          
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D) When did your son/daughter last receive a tetanus injection?

E) Please outline any special dietary requirements of your child:

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**This form should be completed annually/when child is first admitted to school. It will be placed on the child's school record and will be used throughout the compulsory schooling at the relevant establishment. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.**