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| Federation Logo | **UPPER NIDDERDALE PRIMARY FEDERATION**  **ANNUAL CONSENT FORM**  **2022-2023 SCHOOL YEAR** | **Please select school below**  🗖 Fountains Earth  🗖 Glasshouses  🗖 St Cuthbert’s |

We are required by North Yorkshire County Council to obtain your consent before a child undertakes an educational visit or outdoor pursuit. As your child will undoubtedly take part in many activities during a school year and in an attempt to try to reduce paperwork both in schools and for parents, the Local Education Authority have devised a ‘Continuing Consent Form’ which they suggest is **completed annually**. We would ask you therefore to complete this general consent form to cover all curricular activities. You will, of course, be notified about each specific activity in advance.

**ON AND OFF-SITE ACTIVITY, MEDICAL & SCHOOL VISIT CONSENT FORM**

Name of Pupil: ……………………………………………………………………………… Date of Birth: ……………………………

Address: ……………………………………………………………………………………………………………………………………………..

……………………………………………………………… Post Code: ……………………… Tel No: ……………………………………

**NEXT OF KIN / EMERGENCY CONTACTS**

Name: ……………………………………………………………….. Relationship to child: …………………………………………..

Address: ……………………………………………………………………………………………………………………………………………..

Tel No: Home ………………………………………. Work ………………………………… Mobile ………………………………….

Name: ……………………………………………………………….. Relationship to child: …………………………………………..

Address: ……………………………………………………………………………………………………………………………………………..

Tel No: Home ………………………………………. Work ………………………………… Mobile ………………………………….

**MEDICAL**

Please give details of any medical conditions and allergies, including travel sickness and any Elastoplast allergies.

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Please give details of any current medical treatment, including medication

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Date of Last Tetanus injection: …………………………………………………………………………………..

Name of Doctor: ……………………………………………………………… Tel No: ……………………………………………………

Address: ……………………………………………………………………………………………………………………………………………..

Details of any special dietary requirements: ……………………………………………………………………………………….

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**PARENT/GUARDIAN’S PERMISSION**

I acknowledge receipt of and understand the following regarding visits and activities organised by the school.

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by staff/adults are obeyed.

I undertake to inform the school of any changes in the health of my child prior to any visit.

I am in agreement that those in charge may give permission for my child to receive any medical treatment considered necessary by the medical authorities present.

I am in agreement that my child can participate in studies around the local area. Please note that these local activities will not involve transport and will be undertaken on foot. They may be organised at short notice and it will not always be possible to notify you in advance but health and safety guidelines will always be adhered to. You will, of course, always be notified of any visits that involve transport.

Signed: …………………………………………………………………………………….. Date: ……………………………………….

Parent/Guardian of: (Name of Child) …………………………………………………………………………………………..

Relationship to Child: …………………………………………………………………………………………………………………….