**Trips GCA1 – Part 1**

|  |  |
| --- | --- |
| **This form should be completed by the Parent/Carer** | |
| Day/Date(s) of activity: | **10th July** |
| Location: | **The Birmingham Hippodrome, B5 4TB** |
| Type of activity: | **Hamilton** |
| 1. Student details:  |  |  | | --- | --- | | Name: | | | Home Address: | | | Postcode: | | | Telephone Number | Email: | | Date of Birth: | |  1. Parent/Carer details:  |  |  | | --- | --- | | Name: | | | Home Address: | | | Postcode: | | | Telephone Number | Email: | | Date of Birth: | |  1. Emergecy contact details:  |  |  | | --- | --- | | Name: | | | Home Address: | | | Postcode: | | | Telephone Number | Email: | | Date of Birth: | |  1. Student’s medical details:  |  |  | | --- | --- | | GP: | | | Address: | | | Postcode: | | | Telephone Number | Email: |  1. Do we need to know about any medical conditions or allergies? (If yes, please provide details for the condition(s) and any medication needed).  |  | | --- | |  |  1. Is there anything else you think we should know?  |  | | --- | |  |   **Information for parents/carers**  The Academy aims to provide a safe and enjoyable experience for every child or young person.  To help us do this, please note the following important information:   * All questions on the consent form must be completed and signed by the parent/carer before any child takes part. * Parents/carers must ensure they notify us of any changes to the information given on the form. * Parents/carers must make arrangements for their child to be brought to and from the activity safely and on time if outside of the academy day. If a parent/carer is not able to collect their child, they need to let us know in advance who will be doing so. * We cannot take responsibility for any damaged clothing and/or personal items during the activity. * Parents/carers should ensure their child has sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity. * **If your child displays any COVID symptoms prior to the acitivity they MUST be kept at home.** * **If your child displays any COVID symptoms during the activity, parents/carers will be expected to collect their child.**   I agree to (please delete as appropriate):  I agree/disagree to my child taking part in the stated activity  I agree/disagree to the academy keeping a record of this form for health and safety reasons  I agree/disagree to consent to any medical treatment that my child may need be given in an emergency  I agree/disagree to my child being filmed/photographed during the activity   |  |  | | --- | --- | | **Signature of parent/carer (with responsibility)** | **Date** | |  |  | | |