**Trips GCA1 – Part 1**

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| **This form should be completed by the Parent/Carer** |
| Day/Date(s) of activity: |  |
| Location: |  |
| Type of activity: |  |
| 1. Student details:

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| Name: |
| Home Address: |
|  Postcode: |
| Telephone Number  | Email: |
| Date of Birth: |

1. Parent/Carer details:

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| Name: |
| Home Address: |
|  Postcode: |
| Telephone Number  | Email: |
| Date of Birth: |

1. Emergecy contact details:

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| Name: |
| Home Address: |
|  Postcode: |
| Telephone Number  | Email: |
| Date of Birth: |

1. Student’s medical details:

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| 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).

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1. Is there anything else you think we should know?

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**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

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| **Signature of parent/carer (with responsibility)** | **Date** |
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