



# Parental Consent Form

## Trips **GCA1 - Part 1**

### Ormiston NEW Academy

This form should be completed by the Parent/Carer

Day/Date(s) of activity:	<b>Monday 16<sup>th</sup> / Monday 23<sup>rd</sup> September 2024</b>
Location:	Carding Mill Valley/Birmingham City Centre
Type of activity:	<b>Geography Field Trip</b>

#### 1. Student details:

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

#### 2. Parent/Carer details:

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

#### 3. Emergency contact details:

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

#### 4. Student's medical details:

GP:	
Address:	
Postcode:	
Telephone Number	Email:

#### 5. Do we need to know about any medical conditions or allergies? (If yes, please provide details for the condition(s) and any medication needed).

--

Calm | Aspiration | Respect | Engagement

---

6. 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 activity 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