



**Parental Consent Form**  
**Off-site Activity (not residential)**  
**2017-2018** (Updated May 2018)

<b>PLEASE COMPLETE AND RETURN THIS FORM TO :</b>	<b>MR ANDREWS</b>
<b>BY:</b>	<b>15 JUNE 2018</b>

<b>STUDENT'S DETAILS (Capital letters please)</b>					
Student Name		Form		Date of Birth	

<b>ACTIVITY</b>	
Title	<b>Y10 HISTORY TRIP</b>
Venue	<b>RAF COSFORD (COLD WAR MUSEUM)</b>
Date & Time	<b>FRIDAY 22 JUNE 2018</b>

<b>CONSENT</b>	
I / We consent to my son/daughter taking part in the activities outlined on the attached letter	YES <input type="checkbox"/> NO <input type="checkbox"/>
I / We understand that a high standard of behaviour and responsibility will be expected at all times	YES <input type="checkbox"/> NO <input type="checkbox"/>
I / We consent to my son/daughters photograph being taken during this trip, and for those photographs to be used as publicity materials for The Bulwell Academy	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>MEDICAL INFORMATION</b>	
Does your child have any medical issues / requirements of which staff need to be aware during this activity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have answered YES to the above question, please give brief details below. This should include details of medication, special dietary needs or other medical information which relate to your child.	
Is your child allergic to any medication, plasters, dressings etc?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have answered YES to the above question, please specify allergy below.	

Has your child received a tetanus injection in the last ten years? YES  NO

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities YES  NO

**EMERGENCY CONTACT DETAILS**

In the event of an emergency, you will be contacted as soon as possible by the School. So that this can be done quickly, we need to have up-to-date details of possible contacts. **If you change your contact landline / mobile phone number, please let the school know as soon as possible.**

**First Parent / Carer Contact Details**

Title (Mr/Mrs/Ms/Dr)		First Name		Surname						
Relationship to Child?	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Step Mother	<input type="checkbox"/>	Step Father	<input type="checkbox"/>	Other	<input type="checkbox"/>
Home Phone					Work Phone					
Mobile					Tick if this person has parental responsibility			<input type="checkbox"/>		

**Second Parent / Carer Contact Details**

Title (Mr/Mrs/Ms/Dr)		First Name		Surname						
Relationship to Child?	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Step Mother	<input type="checkbox"/>	Step Father	<input type="checkbox"/>	Other	<input type="checkbox"/>
Home Phone					Work Phone					
Mobile					Tick if this person has parental responsibility			<input type="checkbox"/>		

**OTHER CONTACT DETAILS (for use in emergencies)**

Name	Relationship	Phone Number

**Parent / Carer Signature:** ..... **Date:** .....

**Parent / Carer Name & Relationship to student** .....