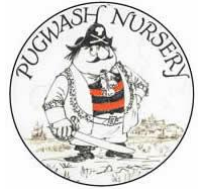




01797 222825
office@ryeprimary.co.uk

Rye Community Primary School & Pugwash Nursery
The Grove, Rye, East Sussex TN31 7ND
www.ryeprimary.co.uk

Executive Headteacher: Mr Barry Blakelock
Head of School: Miss Kelly Martin



01797 228695
pugwash@ryeprimary.co.uk

CONSENT FOR URGENT MEDICAL TREATMENT, SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES

I give consent for my child (Please print full name).....to:

- a) Take part in local school trips and other activities that take place off school premises
- b) If necessary be given first aid or urgent medical treatment

Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
 - all local non-hazardous visits that take place inside and outside of school hours
 - off-site sporting fixtures inside and outside of school hours,
- The school will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity.

Written parental consent will not be requested from you for the majority of off-site activities offered by the school – for example, year-group visits to local amenities – as such activities are part of the school’s curriculum and usually take place during the normal school day.

This consent applies for the duration of your child’s attendance at Rye Community Primary.

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

MEDICAL INFORMATION

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

.....

.....

.....

CONSENT DECLARATION

I, being the parent/carer of the child named at the head of this form, give consent for them to attend off-site activities for the duration of their attendance at Rye Community Primary.

I give consent for my child to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have informed the school of any medical condition or treatment that they suffer from or require to maintain health.

Signature:	Relationship to student:
Print Name:	Date:

Please note this information should be updated as necessary during your child’s attendance at Rye Community Primary by e-mail to the school office at admin@ryeprimary.co.uk

For activities taking place outside the normal school day, we will require emergency contact information which will be taken from school records. Any changes in this information should also be addressed to admin@ryeprimary.co.uk