



Non-residential Off-Site Trip – Consent Form

**** NB: Consent for day trips may be easily provided online via the SCOPay payment system.**

This form is only required for those not making payment using SCOPay. **

*** Completed forms should be handed in to the Trips Postbox in RECEPTION ***

Trip Name: _____ **Trip Date:** _____

Student's Name: _____ **Tutor Group:** _____

I confirm that I have received the letter about the trip named above and I give permission for my child to take part.

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I enclose a cheque (made payable to The Piggott School) for £_____. I have written my child's name, tutor group and the trip name on the back of the cheque

OR, I wish to request financial assistance. I have sent an email to trips@piggottschool.org outlining the reason (e.g. FSM, PP, bursary, extenuating circumstances).

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I confirm that the medical/dietary information held at school is correct **and** that my child has no medical conditions that might affect their performance or safety on this trip,

OR, I have given details of any new medical/dietary information that the school is unaware of and any medical conditions that might affect my child's performance or safety on this trip, by emailing medical@piggottschool.org. **In your email please clearly state the name of your child, their tutor group and the name of the trip**

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If there are any changes to my child's fitness / medical / dietary conditions between now and the time of the trip, I will inform the school by emailing medical@piggottschool.org.

I agree to staff giving permission for any emergency treatment that the medical authorities deem necessary.

Please contact the school if your emergency contact details for the duration of the trip will be different to those already held by the school.

Name of Parent /Carer _____ **Date** _____

Signed _____ **(Parent/Carer)**

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