

**MILLTHORPE SCHOOL –  
MEDICAL CONSENT FORM FOR ROUTINE TRIPS**

Student Name: .....

Tutor Group: .....

Address: .....

I consent to my child attending low risk\* trips throughout the school day. I understand that the information the school holds about my child's health or medical requirements will be used to inform the planning of such trips; and that it is my responsibility to ensure this information is current and complete.

I consent to:

- my child being given any necessary emergency medical treatment during the course of trips
  
- trip staff administering prescription medication required as detailed on my child's admission form or subsequent notification by parents/carers, and with the prior consent of the school

(as per the school's Supporting Students with Medical Conditions Policy, available on the school website)

I acknowledge the need for my child to behave responsibly on these trips and the need for staff to take reasonable steps to keep all children on the trips safe.

Name of Parent/Carer: .....

Signature of Parent/Carer: .....

Date: .....

\*Low risk trips are considered to be those that take place entirely or almost entirely within the normal school day and involve activities that are similar or equivalent to normal activities within school. We will always seek explicit consent for trips that:

- are considerably outside the school day
- are residential
- involve significant travel
- involve adventurous or higher risk activities