

**THE TOYNBEE SCHOOL**

**TRIP/EVENT CONSENT FORM**



**PLEASE COMPLETE BOTH SIDES**

**PLEASE RETURN TO THE POST BOX IN THE STUDENT RECEPTION AREA FOR  
THE ATTENTION OF MRS H THOMPSON**

<b>The visit/activity to</b>	
<b>Date of visit/activity:</b>	

Name of Student..... Tutor Group.....

The Toynbee School will use the emergency contact details for the above trip as currently held on the school database. If this is different for the duration of this trip/event, please provide details below.

Please provide details of any serious medical information regarding your child which is relevant for the duration and/or nature of the trip/event.

In the event of an illness or accident, I consent to any necessary medical treatment which might include the use of anaesthetics or giving of travel sickness tablets, mild painkillers.

The Hampshire County Council Insurance synopsis is available at <http://www3.hants.gov.uk/education/outdoor-education/oe-homepage/oe-forms.htm> and also on the Parents Portal on the school website under Trip Information.

I agree to the terms and conditions above.  
I consent to my child taking part in this trip/event

Parent/Guardian Name.....

Parent/Guardian Signature.....

Date.....

P.T.O

**Consent for taking images**

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child being taken, I consent to them being used for educational purposes. Yes / No

I consent to the images being used on the website. Yes / No

Signed (Parent/Guardian).....

Please print name here.....

Date.....

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