



CITY OF PETERBOROUGH ACADEMY SPECIAL SCHOOL

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@CoPASSgat

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To all Parents/Carers of All Pupils

Dear Parent/Carer,

Blanket Permission Slip for Educational and Off-Site Activities

Over the course of the year pupils from across the school will have the opportunity to experience a variety of enriching off-site visits to support their personal, social, emotional and academic development.

To ensure the efficiency of these visits the school requests you complete a general consent form, which will cover all educational and off-site activities that take place during normal school hours and / or which require no parental contribution. The consent will also grant permission for your child to travel in appropriate transport, be it in a taxi, minibus, or on foot, etc.

Also included on the form is an area for any additional medical requirements that the school should be aware of for these visits and contact numbers in case of an emergency.

No further permission will be required for such visits unless they involve a request for a contribution payment, fall outside of normal school hours or involve what is classified as an adventurous activity.

Please can you complete the attached form for your child and return to school as soon as possible.

Yours sincerely

Mrs T Ydlibi
Executive Principal

*The City of Peterborough Academy Special School is part of the Greenwood Dal
Foundation Trust Group of Academies*

The Greenwood Academies Trust is a company limited by guarantee, registered in England and Wales, registered number 06864339.
A list of Directors is available for inspection at the registered office, Greenwood House, Private Road No 2, Colwick Quays Business Park, Nottin
NG4 2JY. Further information about us is available at <http://www.greenwoodacademies.org>





GREENWOOD ACADEMIES TRUST

FORM OV4 - General

GENERAL - CONFIDENTIAL CONSENT FORM FOR PUPILS

1. CONSENT FOR PARTICIPATION IN EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES:

Name of Academy: _____

I agree to my son/daughter: _____ (name) taking part in Academy visits and other activities that take place off Academy premises and outside of the normal school day.

Please note the following important information before signing this form:

- This consent form covers all visits and other activities including;
 - all visits (including residential trips) which take place outside of the school day or during the holidays or a weekend
 - 'adventurous activities', as defined in the Trust Educational Visits Policy, at any time
 - off-site sporting fixtures outside of the school day,
 - all off-site activities for nursery schools.
- The Academy **will** inform you about each of these visits or activities before they take place.
- You can, if you wish, inform the Academy that you do not want your child to take part in any such school visit or activity, covered by this consent form, by emailing admin@copaspecialschool.org

For all curriculum activities during the normal school day parental consent is not required.

2. MEDICAL INFORMATION, DECLARATIONS AND CONSENT:

a) Son/daughter's date of birth: _____

b) Does your son/daughter suffer from any conditions of which the school should be aware: **YES / NO**

Please give details of anything the school needs to know about in order to care for your child e.g. illness, travel sickness, allergies, night-time tendencies (sleepwalking, nightmares, bed-wetting) etc:

c) Details of any Medication

Name of Medication	Dosage	Times of day or circumstances to be given	Method of Administration

Any special precautions, side effects of medication etc: _____

I give my consent ** for a member of staff to administer the above medication which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medication and will endeavor to respond appropriately should emergency treatment be required.

I give my consent ** for son/daughter to self-administer the above drugs.

(** **Delete if not applicable**)

d) Is your son/daughter allergic to any foods or medication: **YES / NO**

If **YES**, please specify: _____

e) Please outline any special dietary requirements your child has: _____

f) **I undertake** to inform the Academy as soon as possible of any change in my son/daughter's medical or other circumstances.

g) **I agree** to my son/daughter receiving urgent emergency medical treatment during any school visit or activity, including anesthetic and blood transfusion, as considered necessary by the medical authorities present.

3. CONTACT NUMBERS:

a) I may be contacted by telephoning the following numbers:

Work: _____ Home: _____

My home address is: _____

b) If not available at home, please contact:

Name: _____ Telephone Number: _____

Address: _____

c) Name, address and telephone number of family doctor: _____

4. ANY OTHER RELEVANT INFORMATION

5. SIGNATURE

I consent to sharing my child's personal data onto the Trust's offsite visit management system (Evolve) system and also with any relevant external providers in relation to any educational visit or off-site activity:

Signed: _____ Date: _____

Full name (capitals): _____ Parent/Guardian

The Greenwood Academies Trust collects and uses personal data on all its pupils in accordance with legal requirements and legitimate interests set out in the GDPR and UK law. This information will be collected and used fairly, stored safely and not disclosed to any other person where to do so would be in breach of those requirements or would otherwise be unlawful. For full information, please see the Privacy Notice on the Data Protection page of your Academy website or a hard copy is available from your main Academy office.