

Executive Principal: Mrs T Ydlibi **Head of School:** Mrs L Ives

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Friday 24 May 2019

To Parents/Carers of 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.

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







GENERAL - CONFIDENTIAL CONSENT FORM FOR PUPILS

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

Name of Acade	emy:		
I agree to my solution visits and other	son/daughter: ractivities that take place off Academy premise:	(name) taking s and outside of the normal s	part in Academy school day.
Please note th	e following important information before sig	ning this form:	
• This c	onsent form covers all visits and other activ	ities including;	
0 0	all visits (including residential trips) which take holidays or a weekend 'adventurous activities', as defined in the Trus off-site sporting fixtures outside of the school all off-site activities for nursery schools.	· t Educational Visits Policy, a	
• The Ac	cademy will inform you about each of these visi	ts or activities before they ta	ke place.
	n, if you wish, inform the Academy that you do visit or activity, covered by this consent form, b		
For all curriculu	um activities during the normal school day parer	ntal consent is not required.	
2. CONTAC	T NUMBERS:		
a) I may be o	contacted by telephoning the following numbers	:	
Work:	Home	e:	
My home addre	ess is:		
b) If not avail	able at home, please contact:		
Name:	Telep	ohone Number:	
Address:			
c) Name, ad	dress and telephone number of family doctor:		





3. ANY OTHER RELEVANT INFORMATION				
4. SIGNATURE				
	onal data onto the Trust's offsite visit management system (Evolve rnal providers in relation to any educational visit or off-site activity:			
Signed:	Date:			
Full name (capitals):				

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.



