



Annual Consent Form

Name of Student: _____

Year Group: _____ Form Group: _____ Date of Birth: _____

Local Visits

I give my consent for my child to leave the academy premises for local visits as outlined below;

- Sites within walking distance, e.g. Sharpe’s Pottery, Greenbank Leisure Centre
- St George’s Park
- Shobnall Leisure Complex
- Secondary Schools with which we have sports fixtures, including Burton and Uttoxeter schools, John Taylor High School, Rawlett (Tamworth) and Abbots Bromley
- Primary Schools

Sign:.....

I give my consent for my child to walk, under adult supervision, to near-by locations for educational purposes.

Sign:.....

I give my consent for my child to travel in the academy minibuss. The minibuss is fitted with seatbelts and these must be worn at all times.

Sign:.....

I understand that when transport is provided for visits CCTV may be in operation on the transport.

Sign:.....

I give my consent for my child to receive urgent medical, dental or surgical treatment of any nature, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present whilst at any of the local visits. I understand the extent and limitations of the insurance cover provided.

Sign:.....

I agree that if my child urgently requires medical, surgical or dental treatment and it is not possible to contact me/us, the visit leader is authorised on my/our behalf to give consent to such emergency treatment.

Sign:.....

Please state below any medical conditions, please include any allergies, including allergies to medication, and any special dietary requirements your child has:

When was the last time your child had a tetanus injection? _____

Granville Academy



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Principal: Mrs J Kingswood, B.Ed.(Hons), MA, NPQH

At the Academy

I give my consent for my child to receive first aid or for an ambulance to be called, if necessary whilst at the academy.

Sign:.....

I agree that if my child urgently requires medical, surgical or dental treatment and it is not possible to contact me/us, a member of the academy Senior Leadership Team is authorised on my/our behalf to give consent to such emergency treatment.

Sign:.....

General

I give my consent for my child to be photographed or videoed.

Sign:.....

I give my consent for these photographs and/or videos to be used to promote the academy and off site activities (if taken on a local visit) e.g. on the website, newsletters, posters.

Sign:.....

I give my consent for my child's thumb print to be taken to enable use of the Biometric Cashless Catering system.

Sign:.....

I give my consent for data to be shared with the Careers Service Team.

Sign:.....

Absences

In order to keep the absence monitoring system at it's very best, it is necessary for you to keep reception informed of any absence or lateness which involves your child. IT IS THE ACADEMY POLICY THAT YOU SHOULD CONTACT RECEPTION BEFORE 9:00AM ON THE FIRST DAY OF YOUR CHILD'S ABSENCE. Any absences that have not been notified to reception will be marked in the register as unauthorised and may be passed on to the ESW (Educational Social Worker) for further investigation. Please sign below to indicate that you are aware of this procedure.

Sign:.....

Unforeseen Closure

In the event of an unforeseen closure of the academy, all students will be sent home after a text message has been sent by us notifying you of the closure (please ensure we have the most up to date contact details). Students will only be kept on site to be collected if you request us to do so in writing. Please sign below to indicate that you are aware of this procedure.

Sign:.....

Form completed by (BLOCK CAPITALS):.....

Relation to student:.....