

# South Wilts Grammar School for Girls



Stratford Road, Salisbury, Wiltshire, SP1 3JJ  
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Tel 01722 323326 Fax 01722 320703

**Headteacher** Michele Chilcott BSc MA **Deputy Headteacher** Carolyn Stammers BA MA

## CONSENT FORM FOR SCHOOL TRIPS AND OTHER OFF-SITE ACTIVITIES 2017/19

Please sign and date the form below if you are happy for your child,

Name: ..... Form: .....

- a) To take part in school trips and other activities that take place off school premises; and
- b) To be given first aid or urgent medical treatment during any school trip or activity.

### ParentPay

The school uses an on-line system called ParentPay as the preferred method of payment for trips. The option to use reply slips and payment by cheques will remain.

### Please note the following important information before signing this form:

- The trips and activities covered by this consent include;
  - all non-residential visits during the 2017/2018 and 2018/2019 school years
  - off-site sporting fixtures and music concerts / performances outside the school day
  - we will ask for additional consent for residential trips
- The school will send you information about each trip or activity before it takes place.
- You can, if you wish, tell the school that you do not want your child to take part in any particular school trip or activity by e-mail, [head@swgs.wilts.sch.uk](mailto:head@swgs.wilts.sch.uk) or by telephone, 01722 323326

It is essential that **emergency contact details** held by the school are updated when necessary as these will be used by the trip organisers. Parents should use the parental portal to update this information. This can be done via the main school website, logging onto the parental portal and clicking on the relevant details on the home page. Alternatively, by e-mail, telephone or written communication. **It is the responsibility of parents to ensure the school has up to date information as this will be essential in the case of an emergency situation.**

Please complete the medical information section below (if applicable) and sign and date this form if you agree to the above.

### Medical Information \*\*

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

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\*\* Please inform the school if this information changes during the course of the year

Signed..... Date.....

