**One-off consent form for off-site & out of hours activities**

**Data** **Protection** **Act, 2018**

The information that you supply on this form will be used by the School for safe guarding young people whilst they take part in activities. All information is regarded as confidential and any data collected via this form will be processed or disclosed only within the limits of data protection legislation.

The information provided will be kept until a new form has been completed. Any completed forms will be destroyed once your child has left the school, unless there is an accident or near miss on a visit. In this case the form will be kept until your child reaches the age of 25.

If your information changes at any time, please let us know. If you wish to withdraw your consent you can do so by contacting us. We consider all the questions to be necessary and failure to fully complete the form may result in your child not being permitted to attend a visit.

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| College: | The Westminster Specialist College, various outings in the academic year 2021-2022, as outlined in letters that will be sent home. |
| Full name of student: |  |

Please sign and date the form below if you are happy:

1. To take part in College trips and other activities that take place off College premises; and
2. To take part in out of hours activities on the College premises; and
3. To be given first aid or urgent medical treatment during any College trip or activity.

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

* The College will provide information about each trip or activity before it takes place
* You can, if you wish, tell the College that you do not want your child to take part in any particular College trip or activity
* The College should seek your permission if any activity involves water based activities, remote supervision or travelling in a private vehicle

Additional specific consent WILL be requested for residential visits, activities of an adventurous nature such as swimming outside of the local area, canoeing, abseiling, rock climbing etc and for overseas visits.

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: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Signed…………………………………………………………………………..**

**Date………………………………………………………………………………**