 **O/N 5**

**Royal Grammar School**

**Educational Visits**

**Parent and Pupil Agreement**

|  |  |
| --- | --- |
| Pupil’s Name |  |
| Pupil’s Form |  |
| Destination |  |
| Number of Days |  |
| Date(s) |  |
| Party Leader |  |

**Behaviour on School Journeys and Visits**

All trips organised by staff – whether in or out of school time – are recognised as part of school life and a valuable contribution to a pupil’s education. Boys on school trips are ambassadors for the school and for the country when they are abroad. Their behaviour can, and does, bring credit to the school. However, bad behaviour can ‘bring the school into disrepute’ and cause staff serious concern and worry.

On day trips it will be required that all boys will abide by school rules which include not using illegal substances, drinking alcohol or smoking. On residential trips, the same rules will apply, but with the one exception that Sixth Formers may be permitted to consume a modest amount of alcohol, **having due regard for the law, under certain circumstances and at the leader’s discretion.** Boys may not bring illegal substances or illegal items, such as knives and fireworks back into the country.

Pupils who overstep the limits can have any relevant purchases confiscated, be ‘gated’ and for serious cases boys may be excluded on return and parents will be informed. Under certain extreme circumstances, pupils will be summarily returned home, at the parents’ expense and with the parents’ knowledge. A record will be lodged in a pupils’ file. They may also suffer a ban from future journeys, visits or matches. It is at any member of staff’s discretion that they accept a pupil on a trip.

I agree to my son taking part in this visit under the details and conditions described.

……………………………………………………… ………………………………………………………

Parent/Guardian Date

……………………………………………………… ………………………………………………………

Pupil’s Signature Date

**Royal Grammar School**

**Educational Visits Medical Consent Form**

|  |
| --- |
| **Pupil’s Details** |
|   Name: …………………………………………… DoB: …………….. Mobile: ………………………………… |

|  |  |
| --- | --- |
| Any conditions requiring medical treatment, including medication? If yes, please give details | **Yes/No** |
| Please outline any special dietary requirements of your son. |  |
| To the best of your knowledge, has your son been in contact with any contagious or infectious diseases, or suffered from anything in the last four weeks that may be contagious or infectious? If yes, please give details. | **Yes/No** |
| Is your son allergic to any medication? If yes, please specify. | **Yes/No** |
| When did your son last receive a tetanus injection? |  |

**Declaration**

I agree to my son receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform the party leader as soon a possible of any changes in the medical or other circumstances between now and the commencement of the journey.

……………………………………………………… ………………………………………………………

Signed Date

………………………………………………………

Please print name in full

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| --- |
| Contact telephone numbers: 1. Work:…………………………… Home:……………………………… Mobile:……………………………… 2. Work:…………………………… Home:……………………………… Mobile:……………………………… |
| Home address |
| Address and phone number during trip if different from above: |
| If I am not available at above, please contact:Name: ……………………………………………………………… Tel Number: ………………………………. Address: …………………………………………………………………………………………………………….. |
| Name, address & telephone number of family doctor |
| Passport Number (only if overseas trip): |

**This form must be taken by the party leader on the visit.**