

PLEASE TEAR OFF THIS PAGE AND RETURN TO THE FINANCE OFFICE – Gradbach Year 7

Gradbach Year 7 - Code of Conduct for residential educational visits.

Please make sure both you and your parents have read through and understood this and sign the agreement slip.

Activities like this are only able to go ahead as long as the staff and the school are confident that the participants will be safe at all times. The majority of our expectations of your behaviour relate to your safety but they also ensure the success and enjoyment of the visit for everyone in the group.

Unacceptable behaviour which threatens safety could result in you being sent home early, and your parents would have to meet the costs of this.

General rules:

- I will listen to and follow teachers' and instructors, instructions at all times.
- I agree to remain with my allocated group during excursions. (Not at any time will anyone be allowed to go off by themselves, this includes toilet visits.)
- I agree to be on time to established meeting points. (Rendezvous points and times will be clearly explained when necessary.)
- I will behave sensibly when crossing roads and using public transport.
- I will behave sensibly on coaches and wear a seatbelt at all times.
- I will not attempt to purchase or consume alcohol, tobacco or any illegal substance.
- I will be considerate to others at all times (please bear in mind that you may be in areas with members of the public where the importance of behaving responsibly is paramount.)
- I will be responsible for my own belongings.

Please note that any student using inappropriate behaviour will be excluded from participation in the activities. These actions will be reported to the Headteacher and to parents. This will be at the discretion of the Group Leader and any expenses incurred will have to be met by the parents.

Students name

Students date of birth.....

I have read the code of conduct and agree to abide by the rules.

Signed.....(student)..... (date)

Signed.....(parent/carer) (date)

It is also worth noting that on school trips it may be necessary to share information about your child with the venue, accommodation and transport providers for legal and safeguarding reasons. If required, we may also need to share details about your child with our insurers. As agreed already via a consent form with the school: photographs, videos and recordings may be taken of your child whilst on the trip for use on our social media and/or display within school.

[In order to comply with Health & Safety Regulations we must receive this completed consent form by Monday 7th April 2025. NB. Your child will not be allowed on the trip if you do not comply with this request.]

Student: _____ Form: _____

I acknowledge the need for my child to behave responsibly.
I understand that all reasonable care will be taken to ensure the safety of those in the party.

Medical information about my child:

[a] Any condition requiring medical treatment, including medication? **Yes/No**

[Please circle as appropriate]

Please give brief details below; if your child requires medication, a parental consent Form 5 must be completed.

Please outline any dietary requirements of your child _____

Is your son/daughter allergic to any items including medication? Yes/No

If yes please give details: _____

Date your child last had a tetanus injection. _____

Can your child swim? Yes/No

How far can your child swim? _____

Is your child water confident in water? Yes/No

Is your child safety conscious in water? Yes/No

I confirm that my child is in good health and I consider him/her fit to participate.

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided and have read the attached letter.

Signed _____ Name: _____

Mobile _____ Home phone _____

Home Address: _____

Alternative emergency contact:

Name: _____ Telephone number: _____

Name of family Doctor: _____ Telephone number: _____

Address: _____

This form or a copy will be taken by the Group Leader on the visit. Full details will be retained by the school contact.

I agree to abide by the terms and conditions for educational visits. (Terms and Conditions can be found on the school website www.stthomasmorebuxton.srscmat.co.uk paper copies are available upon request.)