

EDUCATIONAL VISITS FORM (2018/19 ACADEMIC YEAR)

Parental Consent for Educational Visits – Annual Form

To the Headteacher of *(name of school)*:

Barnard Grove Primary School

Concerning my child *(full name of pupil)*.

I agree to my child taking part in local, non-residential educational visits, organised by the school or the Local Authority, during the year 2018/19

I agree to my child taking part in swimming, if this forms a part of any of those visits
Yes/No

I wish you to note the following information about my child and to ensure that it is taken fully into account in his/her care during any educational visits *(if there is none, please write NONE in the spaces provided)*:

Medical information that may be significant during an educational visit *(including conditions that are receiving treatment and/or medication that is being taken)*:

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Dietary information that may be significant during an educational visit *(including allergies to foods and any cultural or religious rules)*:

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Special needs that may be significant during an educational visit *(including educational or any other special needs)*:

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I can usually be contacted on the following telephone number/s *(please provide at least one number)*:

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I will inform the Headteacher of any changes that may affect the care of my child

My relationship to my child is as:

parent, guardian *(please delete)* or other *(please describe)*.

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Signed		Dated	
Full Name (In Caps)			