

# EDUCATIONAL VISITS FORM (2021-2022 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, Ad Astra Academy Trust or the Local Authority, during the year 2021/22

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)			