

THREE WAYS SCHOOL - PARENTAL CONSENT FORM

This form gives the necessary authority for the group leader to take your child on the visit.

PLEASE NOTE that in signing this form your rights are not affected in any way.

Visit/Activity

Date(s)

I wish my child

to be allowed to take place in the above mentioned journey/visit and, having read the information provided, agree to him/her taking part in the activities described.

1. I consent to any emergency medical treatment required by my child during the course of the visit.
2. I confirm that my child does not have any medical condition requiring regular treatment

OR my child has special needs and I have given details at the start of the school year

OR my child has

.....

(Include any conditions, allergies etc that it would be useful for us or medical staff to know about in an emergency.)

3. I enclose £ to help cover costs (if requested).

Please return this form to by

Signature of Parent/Guardian Date

Please inform of any change of address or phone numbers.