



ERRINGTON PRIMARY SCHOOL

Parental Consent For A Rolling Programme Or Series Of Local Visits



**PLEASE COMPLETE THIS FORM AND RETURN
TO SCHOOL**

Pupil Details:

School: **ERRINGTON PRIMARY SCHOOL**

Name of Pupil:

Date of Birth:

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances after the date shown below.

Signed: _____ Name: _____ (Parent/Carer)

Date:

Signed: _____ Name: _____ (Parent/Carer)

Date:

2. Emergency Contact Numbers

I may be contacted by telephoning the following numbers:

Work:	Home:	Mobile:
Home Address:		

If I am not available please contact:

Name:		
Work:	Home:	Mobile:
Home Address:		

e) Please outline any special dietary requirements of your child:

This form should be completed annually. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.

I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.

Signed: _____ Name: _____ (Parent/Carer)

Date:

Signed:

Name: (Parent/Carer)

Date:

1 copy to be held by School and Out of Hours Contact. 1 copy to be taken by Leader on visit.