

Year Visit to –

PARENTAL CONSENT FOR A SCHOOL VISIT

1. PERMISSION

I agree to my child (Name) _____ to take part in the visit to
..... and have read the attached letter. I also agree to my child participating in
the activities described. I enclose a voluntary contribution of £.....
(Please be aware that the trip can only go ahead if we receive a high enough level of contributions)

2. MEDICAL INFORMATION ABOUT YOUR CHILD

Any conditions requiring medical treatment, including medication? YES /NO (this includes asthma)
If YES give brief details.

3. FREE SCHOOL MEALS—PACKED LUNCH REQUIRED

I can confirm that my child is in receipt of FREE SCHOOL MEALS and **WILL / WILL NOT (please delete as necessary)** require a packed lunch provided by school.

Please outline any special dietary requirements of your child

4. 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.

CONTACT TELEPHONE NUMBERS

Name: _____

Relationship to child: _____

Home: _____ Work: _____

Mobile: _____

Home: _____ Work: _____

Mobile: _____

Signed: _____ **Date:** _____

St Marys Catholic School are collecting your personal data for consent to a school visit.

The school will not share any of your personal data collected with external organisations unless required to do so by law. For further details on the council's privacy arrangements please view the privacy page on the schools website.