

Hardwick Primary School – Parental Consent Form for Visits

This form provides the school with essential information for all visits during this school year. Details of each visit will be sent home nearer the time and each will include a permission slip to return with any payment.

Name of Child: _____ Class: _____

Date of Birth: ____ / ____ / ____ **For school visits in the school year** _____

I consent to my child taking part in the visits this year. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have reinforced the following code of conduct with my child:

On a school visit I should behave in an appropriate and controlled manner.
I must follow instructions given by staff and helpers at all times and treat others with consideration and respect.
I will make my family and school proud of me when I am representing the school in public.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

My child's NHS card number is: _____ and Doctor's name and address is: _____

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you are likely to be away from home during school time, please give an alternative address where you, or a relative or friend acting for you, can be contacted. **Please let us know if these details change at any time during the school year.**

Home Address

Name: _____

Address: _____

Tel: _____

Tel: _____

Alternative Contact if required

Name: _____

Address: _____

Tel: _____

Tel: _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

Signed: _____ (Parent/Carer)

Please complete and return as soon as possible – Thank you