

CONTINUING PARENTAL CONSENT - SCHOOL VISITS

Dear Parents

We are required by North Yorkshire County Council to obtain your consent before a child undertakes an educational visit or outdoor pursuit. As your child will undoubtedly take part in many activities during his/her years at **Boroughbridge County Primary School** we would ask you to complete this general consent form to cover all extra-curricular activities. You will, of course, be notified about each specific visit in advance.



Name of Pupil:

Address:

Contact Name and Telephone No:

1. I consent/do not consent* to my child going on educational visits and joining in group activities. (* delete as required)

2. I do not wish my child to take part in the following activities:
.....

3. My child is in good health and does not suffer from any condition requiring regular treatment or any complaint that may require emergency treatment. YES / NO *

4. My child suffers from requiring regular treatment. YES / NO *

5. My child suffers from that may require emergency treatment. YES / NO *

6. Any other relevant information:
.....

(If your child suffers from a complaint, please enclose a letter from your doctor giving details of the complaint and its treatment.)

7. My child's National Health Service Medical Card Number is:

8. Name, address and phone number of family doctor:
.....

9. I consent to any emergency medical treatment necessary during the course of a visit.

10. I will advise the school of any illness/infection suffered by my child after the signing of this form and before the commencement of an educational visit.

Signature of Parent/Guardian: **Date:**