



MARTON-CUM-GRAFTON
CE VA PRIMARY SCHOOL

CONTINUING PARENTAL CONSENT- SCHOOL VISITS

Dear Parents/ Carers,

We are required by North Yorkshire County Council to obtain your consent before a child undertakes an educational visit or is taken off-site. As your child will take part in many activities during his/her time at Marton-cum-Grafton Primary School we would appreciate it if you would complete this general consent form to cover all extra curricular activities while your child attends Marton-cum-Grafton Primary School. You will of course be notified about each specific visit in advance and it will be assumed that by completing and returning this form that you give consent, unless you inform us in writing, for any particular visit. Please complete the form (one for each child) and return it to the green postbox by the school office as soon as possible.

Name of pupil:

Please complete a separate form for each child

I consent / do not consent* to my child going on educational visits and joining-in group activities.

I consent / do not consent* to my child travelling in a car driven by a member of staff or a parent (subject to appropriate checks about insurance cover, and with child protection measures in place).

I do not wish my child to participate in the following activities:

Please continue on reverse.

ASPIRE • BELIEVE • ACHIEVE

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 *

If NO, please give details.

My child suffers from: _____
requiring regular treatment, or which may require emergency treatment.

Please provide an additional sheet detailing any other relevant information. If your child suffers from a serious complaint that we don't already know about, please enclose a letter from your doctor giving details of the complaint and treatment required.

Doctors Name:

Surgery:

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

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

Signature of parent/guardian:

Date:

IT IS VITAL THAT SCHOOL IS KEPT INFORMED OF ANY CHANGES TO THE ABOVE INFORMATION.

* please delete as appropriate

ASPIRE • BELIEVE • ACHIEVE
