



## **Parental Consent Form Sept 2016 – July 2017**

Emergency contacts and doctor's details are required to be filled in the beginning of every school year for each child in school.

### **PARENTAL CONSENT**

Child's Name.....

Year Group and Class for 2016/17 .....

I agree to my child taking part in day visits during this academic year. I understand that I will be advised when these are to take place and will be asked for permission for each trip on an individual basis along with any voluntary contribution for costs involved.

Telephone: Home: ..... Work: .....

Other Emergency Contact telephone: .....

### **FAMILY DOCTOR DETAILS**

**Name**

**Telephone**

**Address**

### **PERSONAL TRAVEL ARRANGEMENTS**

**Please tick the box if you give your child permission to walk home alone from school. If you have not ticked the box you must make every effort to contact the school if you are going to be late picking up for any reason.**

Please ensure that you let school know if any details on this form change.

**Signed:**

**Date:**

THIS FORM CONTAINING EMERGENCY CONTACT DETAILS OR A COPY WILL BE TAKEN BY THE LEADER ON EVERY SCHOOL VISIT.