



## Parental Consent Form Sept 2017 – July 2018

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

<b>PARENTAL CONSENT</b>
Child's Name.....
Year Group and Class for 2017/18 .....
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: .....

<b>FAMILY DOCTOR DETAILS</b>	
<b>Name</b>	
<b>Telephone</b>	
<b>Address</b>	

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

<b>Signed:</b>	<b>Date:</b>
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