

NORTH YORKSHIRE COUNTY COUNCIL EDUCATION SERVICE
Parental Consent For A Rolling Programme Or Series Of Local Visits

Riverside Community Primary School 2015

Pupil Details:

School: _____ Academic Year: _____

Name of Pupil: _____ Date of Birth: _____

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me. I understand that this permission covers the duration of my child's education at Riverside School.

I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances after the date shown below.

Signed: Name: (Parent/Carer)

Date:

Signed: Name: (Parent/Carer)

Date:

2. Emergency Contact Numbers

I may be contacted by telephoning the following numbers:

Work:	Home:	Mobile:
Home Address:		

If I am not available please contact:

Name:		
Work:	Home:	Mobile:
Home Address:		

e) Please outline any special dietary or health requirements of your child (continue overleaf if required):

This form covers the duration of your child's education at Riverside. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.

I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.

Signed: Name: (Parent/Carer)

Date:

Signed: Name: (Parent/Carer)

Date:

1 copy to be held by School and Out of Hours Contact. 1 copy to be taken by Leader on visit.