St Wilfrid’s Catholic Primary School

**Form D – Parental Consent**

**Regular Visits/Activities**

Child’s name ………………………………………………..........................

I hereby agree to my child participating in recognised activities off the site, but in the country or neighbouring area, for example, environmental studies, swimming, joint activities with other schools, etc. I understand that:

* Such activities will not often extend beyond the school day, but that if, occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home.
* My specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards.
* All reasonable care will be taken of my child in respect of the activity/visit
* My child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school discipline during the visit/activity
* Any medical condition or physical disabilities will be notified to the school now and as and when they arise.
* All pupils are covered by Cheshire West & Chester’s third party public liability insurance in respect of any claim arising from an accident caused by a defect in the school or establishment premises or equipment or attributable to negligence by the Council or one of their employees. These arrangements do not provide personal accident cover.

**Medical information about my child**

Any conditions requiring medical treatment, including medication? **YES/NO**

If **YES** please give details:

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| --- |
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This form covers consent for the duration of your child’s attendance at St Wilfrid’s. If any details change it is your responsibility to inform the school office as soon as possible, so that the details can be updated accordingly.

**Declaration:**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature of Parent/Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact telephone numbers**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_