

STAFFORDSHIRE COUNTY COUNCIL EDUCATION COMMITTEE

ST PAUL'S C OF E FIRST SCHOOL

PARENTAL CONSENT FORM FOR SCHOOL VISITS

Please complete this form and return to school

1. Visit to Local visits within Coven

Date: September 2016 till July 2017

2. Medical Details I give the following prior notification of any medical or special needs information that staff may need to know about

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3. Insurance Provided All bona fide educational visits by Staffordshire schools are covered by the county council's public liability insurance. This visit is considered to have only normal everyday risks and no further insurance has been provided.

4. Return to home. I understand that visits will take place between 8.50 am and my child will return by 3.15 (Reception) and 8.50 to 11.50 in Nursery

I agree to my son/daughter attending the visit detailed above and I acknowledge that to be included he/she will maintain responsible behaviour.

Name of Child Class

Signed Date

(person with parental responsibility)