

STAFFORDSHIRE COUNTY COUNCIL EDUCATION COMMITTEE

ST PAUL'S C OF E FIRST SCHOOL

Parental Consent Form for School Visits and Travelling on Coach, eg (Year 4 Transition Days, Sports Day and other year groups going to different schools for Sports activities

Please complete this form and return to school

1. Visit to Local Schools and Sports Venues

Date: September 2015 till July 2016

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 St Pauls C of E First School are covered by Staffordshire 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 the predicted time of return and where this is outside normal school hours I will collect my child.

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

(Relationship to child).....