



Executive Headteachers – Ms C A McCollum and Mr D May

Child's name: Year:

Annual Consent Form

Will be completed again at the start of each academic year

Local off Site Visits

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give consent for them to participate in such visits. I understand that I will be informed separately by letter and when further consent will be required from me.

Signed: Date:

Medical Treatment

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I undertake to inform the headteacher/party leader as soon as possible of any change in the medical circumstances of my child, after the date below.

Does your child suffer from any conditions requiring medical treatment or medication?

No Yes (please give details)

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Is your child allergic to any medication or treatment?

No Yes (please give details)

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Does your child have any special dietary requirements or allergic to any foods?

No Yes (please give details)

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Signed: Date:

Name: (parent/guardian)