



Holt Community Primary School

PARENTAL CONSENT FORM FOR REGULAR OFFSITE VISITS/ACTIVITIES

School/Establishment - Holt Community Primary School, Norwich Road, Holt, NR25 6SG

Child: _____ Date of Birth: _____

I hereby agree to my child participating in recognised activities that are organised by the school off the site, for example, environmental studies, swimming, sports matches, joint activities with other schools, visits to local church/library/theatre 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, disabilities, or special needs will be notified to the school now and as and when they arise;
- I agree to keep the school/establishment up to date with my emergency contact details.

☆ **Signature of Parent/Guardian(s)**.....

Name(s)..... **Date of signature**.....

Address.....

..... **Postcode**.....

Telephone..... **Mobile**.....

Please only complete this section if your child has been diagnosed with asthma.

In event of an asthma attack:

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

Signature of Parent / Guardian: _____
(if participant is under 18)