



## PARENTAL CONSENT FOR SCHOOL VISITS IN THE LOCAL AREA

Name of child.....

Class.....

We are required to obtain your consent before a child undertakes an educational visit or outdoor pursuit. As your child will undoubtedly take part in many activities during their school years at Lakeside Primary Academy, we would ask that you complete this general consent form to cover all visits in the local area and extra curricular activities. You will of course be notified about each specific visit outside of the school grounds.

Please delete as applicable.

<b>I consent to my child going on educational visits and joining in group activities</b>	YES	NO
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I do not wish my child to take part in the following activities.

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<b>I consent to any emergency medical treatment necessary during the course of a visit</b>	YES	NO
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<b>In the event of an emergency during school hours, Lakeside Primary Academy will always endeavour to contact a parent/guardian using the contact information we hold in school. If this is not possible, I give consent for a member of Lakeside Primary Academy staff to authorise any emergency medical treatment necessary whilst my child is at school.</b>	YES	NO
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*These permissions will remain throughout the time your child attends Lakeside Primary Academy, You may change them by putting a request in writing to the Headteacher.*

*Signature of parent/Guardian .....*

