

**FAIRLANDS PRIMARY SCHOOL & NURSERY**

**Pound Avenue
Stevenage
Hertfordshire
SG1 3JA**

ANNUAL PARENTAL CONSENT FORM

To be completed by the parent/carer responsible for the child.

Child's Full Name:

Class:

Date of Birth:

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

I agree that (full name of child/young person) _____

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary;

(Please delete any of the above statements for which you do not give your consent.)

I undertake to inform the school as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

Signed:

Name in Capitals:

Relationship

Date: