**Academic Year 2018/2019**

**PARENTAL CONSENT FOR DAY EDUCATIONAL VISITS AND OUTINGS (non local)**

**Name of Pupil…………………………………………………………………………….**

**Class……………………………………………………………………………………….**

* **I give consent for my child to take part in educational visits and outings with the school.**
* **I understand that the school will send me information prior to each trip or visit and that if I do NOT wish my child to take part, I will inform the school immediately.**
* **I understand that the school will undertake a risk assessment for all planned trips and visits.**
* **I will let the school know of any changes to my contact details or my child’s medical conditions or dietary information.**
* **I acknowledge the need for my child to behave responsibly on any trip or visit.**

**Signed………………………………………………..Date ……………………………..**

**Name (please print)……………………………………………………………………..**