

FORM C

## **PARENTAL CONSENT FOR A SCHOOL VISIT**

TO BE DISTRIBUTED WITH INFORMATION SHEET GIVING FULL DETAILS OF VISIT.

**ST ANNE'S CATHOLIC PRIMARY SCHOOL**

VISIT DETAILS:.....

DATE:.....

FROM (time) .....TO.....

I agree to (child's name).....  
taking part in this visit and I have read the information sheet.

I agree to (child's name).....  
taking part in the activity described.

I acknowledge the need for (child's name).....  
to behave responsibly throughout the visit.

### **MEDICAL INFORMATION**

Any conditions requiring medical treatment?

.....

Food or other allergies or any special dietary requirements?

.....

Any recent illness or accident staff need to be aware of?

.....

**EMERGENCY CONTACT (day of visit)**

NAME.....

Contact Number.....

Signed.....

Date.....