PARENTAL CONSENT – DAY VISIT

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| --- | --- |
| **Establishment Name** |  |
| **Address** |  |

Dear Parent/Guardian

**(*insert group/ class name*) trip to (insert location)**

As part of (*insert aims of visit*) we have organised a visit to *(insert location)* on *(insert date).* Travel will be by (*insert details)* leaving at (*insert details)* and returning at *(insert details.)* Your child will need to bring (*(insert details.)*

During the visit your child will (*provide details about activities*) Add further details as required (cost etc).

If you have any questions or concerns regarding the visit please get in touch. If there is specific medical or personal information that you have not already provided, that might affect your child during the trip, please let us know, below.

Signed

Head of Establishment

✂

I agree to my son/daughter taking part in the visit to (insert location) on (insert date).

I agree to my child being given emergency medical treatment as deemed necessary. I have read and understood the information provided.

Participants name:

Parent/guardian name:

Signed . . . . . . . . . . . . . . . . . . . . . . . (parent/guardian) Date . . . . . . . . . . . .

Please detail below any medical or personal information which might be relevant to the visit.

Emergency Contact Details during visit, if different to that held in the school office:

1st contact: name relationship to child contact number

2nd contact: name relationship to child contact number