

Bryn Offa Church of England Primary School

PARENTAL CONSENT FORM

Class 2 visit to Blue Planet Aquarium
Monday 3rd December 2018

PLEASE COMPLETE ALL SECTIONS

(1) Parental Consent

I wish my *son /daughter (name of child) to take part in the above mentioned school visit, and having read the information letter, agree to *his/her taking part in the activities described.

(2) School Packed Lunch (Reception, Year 1 and Year 2)

* I would/would not like the school kitchen to provide my child with a packed lunch.

** (please delete as appropriate)*

(3) Medical treatment

Please give details of any medical conditions that apply to your child (e.g. asthma, allergies to food, pollen, stings etc, any medication that may be required throughout the visit).

.....
.....
.....
.....
.....
.....
.....
.....

*I agree/do not agree that in the event of a minor accident that First Aid can be administered by a qualified First Aider

*I consent/do not consent to any first aid treatment that may be necessary.

** (please delete as appropriate)*

Signature of Parent/Guardian

Date:

Telephone number where Parent/Guardian can be contacted on day of visit:

.....