

NORTH YORKSHIRE COUNTY COUNCIL EDUCATION SERVICE
PARENTAL CONSENT FOR A Rolling Programme of Series & Local Visits
ACADEMIC YEAR 2019 - 2020

1. Consent for participation in the visit

School: Grewelthorpe C E Primary School

Name of pupil

Date of birth:

I understand that my child may leave the school premises for local visits as outlined in the school prospectus and 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 **undertake** to inform the Group Leader/Head Teacher in writing as soon as possible of any change in the medical or other circumstances after the date shown below.

Signed **Name** (Parent/Carer)

Date

Signed **Name** (Parent/Carer)

Date

2 .Emergency contact Numbers

I may be contacted on the following telephone numbers:

Work:

Home:

Mobile:

Home Address:

If I am not available please contact:

Name:

Work:

Home:

Mobile:

Home Address

Signed **Date**