

**Brockley Primary School**  
Clowne Road, Shuttlewood, Chesterfield, S44 6AF

**Parental Consent For A Rolling Programme Or Series Of Local Visits  
including Tournaments**

**Pupil Details:**

School: **Brockley Primary School**

Academic Year: **2015 - 2016**

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/Headteacher as soon as possible of any change in the medical or other circumstances after the date shown below.

**I agree** to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

**I agree** that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

Signed: ..... Name: ..... (Parent/Carer)

Date:.....

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

**2. Emergency Contact Numbers**

**I may be contacted by telephoning the following numbers:**

Work:	Home:	Mobile:
Home Address:		

**If I am not available please contact:**

Name:		
Work:	Home:	Mobile:
Home Address:		

## **2. Medical Information, declarations and consent**

a) Does your child suffer from any conditions requiring medical treatment or medication?

**YES/NO**

If yes please give details

b) Is your child allergic to any medication or treatment?

**YES/NO**

If so please give details

c) Name, address and telephone number of family doctor:

d) When did your son/daughter last receive a tetanus injection?

e) Please outline any special dietary requirements of your child:

## **3. Photograph permission**

I **\*agree/disagree** for my child to be photographed on any of the visits undertaken and the material used for publicity purposes.

\*please delete as necessary

**This form should be completed annually. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.**