



# Parental Consent Form A Rolling Programme

## Pupil Details

Academy:	Academic Year:
Name of Pupil:	Date of Birth:
I understand that my child may leave the academy premises for local visits as outlined on the Academy website and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the academy 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 Visit Leader/Principal 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:	

## 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:			

Dietary requirements
Please outline any special dietary requirements of your child:
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that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such a withdrawal takes effect.
I undertake to inform the Visit Leader/Principal in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.
Signed: Name: (Parent/Carer)
Date:
Signed: Name: (Parent/Carer)
Date:
1 copy to be held by the Academy and Out of Hours Contact. 1 copy to be taken by Leader on visit.