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Dear Parents/Carers,

There may be occasions where we will need to take your child on an educational visit within the local community. This visit could be in an area of local interest such as:

- The Ealing Road Library
- The Canal
- A religious place of worship
- Local primary school

Please can you complete the reply slip below indicating your consent for your child to attend educational visits.

Yours sincerely,



Mr Gerard McKenna
Headteacher

Consent – Educational Visits

I give permission for my child Form
to attend educational visits.

- I consent to my child travelling by any form of public/private transport, including walking.
- I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I authorise the accompanying member of staff to sign, on my behalf, any written form of consent required if the delay to obtain my signature is considered inadvisable by the doctor or surgeon concerned.
- I will not hold the school or an individual member of staff responsible for the loss of any personal effects during the educational visit.
- I will ensure I keep the school informed of any changes in the medical situation of my child and update any medication held by the school on my child's behalf.

Full name _____

Signed _____ Date _____

