



Abercarn Primary School

Chapel of Ease

Abercarn

Newport

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Head Teacher: Mr G. C. Roden



PARENT CONSENT FORM
- LOCAL VISITS AND PUPIL ALLERGIES -

Dear Parent / Carer

As you will be aware, we often take pupils out on local visits in connection with topic work in the school. Each time the pupils leave the school site, we must ask for your consent. To make the organisation of these trips a little less complicated, I would be grateful if you would sign the consent form on the back of this letter to cover any local visits and inform us of any medical conditions / allergies.

Such visits would **only be on foot** and will have the appropriate staff supervision.

If a contribution is required for a visit, or is residential or requires transportation, you will receive a letter with individual visit details as usual and a separate consent form.

Please complete and return the consent form to your child's class teacher by **Friday 15th September 2017**.

If you have any queries, please do not hesitate to contact me at school!

Thank you!

G C Roden

Mr G C Roden
Headteacher

www.abercarnprimary.com



PARENT'S CONSENT FORM

FOR LOCAL VISITS, ALLERGIES, FIRST AID AND PLASTERS

Child's name	
Class	

I give my consent for my child (named above) to be allowed to take part in local school visits (walking).

I agree to my child taking part in of the local activities.

I will ensure that my child understands that it is important for his/her safety and for that of the group, that any rules and instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the children, unless they are negligent, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter.

If I do not wish my child to take part in a visit or if any medical condition develops or changes from those listed below I will let the school know in writing beforehand.

PLEASE INCLUDE ALL INFORMATION THAT IS CURRENTLY RELEVANT TO YOUR CHILD EVEN IF IT HAS BEEN FORWARDED TO THE SCHOOL ON ANOTHER OCCASION.

	Please tick
a) My child has no illness, allergy or physical disability and does not require any treatment.	<input type="checkbox"/>
b) My child has an illness, allergy or physical disability detailed below and requires the treatment also stated below. A medication form will be completed.	<input type="checkbox"/>
c) My child is not allergic to plasters and can have a plaster applied	<input type="checkbox"/>

I consent to my child attending local visits as explained above and consent to any emergency treatment necessary during the course of the visit should it arise. I agree that my child can receive first aid and emergency treatment at school.

Signed (Parent or Guardian):	
Print Name:	
Date:	
Telephone:	

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