



St Edmund's Catholic Primary School

PARENTAL CONSENT FORM

Pupil's Name		Date of Birth	
<p>I hereby give consent:</p> <ul style="list-style-type: none">• For my child to take part in school visits and other activities that take place off school premises, in school time, after school• For my child to be given first aid or urgent medical treatment, should it become necessary, including administering medication <p>I understand that:</p> <ul style="list-style-type: none">• Those supervising my child are in loco parentis and will exercise a standard of care which would be expected of a reasonably prudent parent• The school will provide me with details of all trips and visits• I will be able to decide whether I wish my child to take part in the trip• It is my responsibility to notify the school of any changes to the medical/dietary needs of my child, or the emergency contact details for the duration of each trip			

CONTACT INFORMATION
<p>The letter advising you of a forthcoming trip or visit will remind you to inform the school of any changes to your emergency contact information for the duration of the trip or visit. You should update this information by contacting the school office by letter or via email to: info@stedmunds.surrey.sch.uk</p> <p>In signing this consent form I am agreeing to take responsibility for informing the school of any changes.</p>

MEDICAL INFORMATION
<p>The letter advising you of a forthcoming trip or visit will remind you to inform the school of any medical conditions, e.g. diabetes, epilepsy, any medication taken, allergies or dietary needs. You should inform the school via letter or email to info@stedmunds.surrey.sch.uk</p> <p>In signing this consent form I am agreeing to take responsibility for informing the school of any changes.</p>

Name of Parent/Carer			
Signature of Parent/Carer		Date	