# WOKINGHAM BOROUGH COUNCIL EDUCATION DEPARTMENT

**EV 2**

**Parental Consent form for Off-site Activities**

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| School: WILLOW BANK INFANT SCHOOL | **Class or tutor group** |
| **Pupil’s name:** | **Date of Birth:** |
| **Home address:** |
| **Home telephone no. (incl STD code)** | **Other numbers (work or mobile)** |
| **How could you be most easily contacted in an emergency?** |
| **Is your child receiving medical treatment at present? If so please give details and please let us know if this information changes at any time throughout the school year:**  |
| **Please give details of any medical conditions that might affect your child’s performance or safety on this activity (please advise of any infectious illness in the 4 weeks prior to departure):** |
| **Please give your family doctor’s name and address:** |
| **Please add any further information on a separate sheet as necessary.** |

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| **Statement****I consent to my child, named above, participating:****in……**off-site **CURRICULUM or SPORTING ACTIVITIES** between 4th September 2018 and 23rd July 2019**on……**dates to be confirmed to parents in writing prior to each event **I agree to staff giving permission for any emergency treatment that the medical authorities deem necessary. I undertake to inform the school of any changes in my child’s fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.** **Signed: …………………………………………………………………………. Date: …………………………….****Please indicate relationship to child: ……………………………………………………………………………** |