

**WOKINGHAM DISTRICT COUNCIL EDUCATION DEPARTMENT**

## Parental Consent Form for Offsite and Hazardous Activities

EV 2

If you wish your child to join in with the school activity, please complete and sign this form and return it to school.

School: Sonning C of E Primary School	Class:
Pupil's Name:	Date of Birth:
Home Address:	
Home Phone No:	NHS No:
How could you be contacted in an emergency?	
Is your child receiving medical treatment at present? If so please give details:	
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, address and phone no.:	
Please add any further information on a separate sheet as necessary.	

<p>Statement:</p> <p>I acknowledge receipt of the information regarding the proposed activity</p> <p>to _____</p> <p>on _____</p> <p>and consent to my child, named above, participating.</p> <p>I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have assured, 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 to be obeyed.</p> <p>Signed: _____ Date: _____</p> <p>Relationship to the child: _____</p>
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