

Moat Farm Junior School Trust

Parental Consent Form



Pupil	
Name	
Year	
Class	

Parent/carer	
Name	
Relationship to pupil	
Address	
Phone	
Mobile	
Email	

Please indicate whether you have given your consent in each case by ticking the box on the right-hand side; and sign and date the form on the last page.

On-site activities

I give my permission for my child to:

Use the internet in line with the school's acceptable usage policy	
Take part in food preparation/cooking and tasting activities	

Please outline any food allergies/specific dietary requirements:

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Off-site activities

I give my permission for my child to take part in:

Supervised visits/sports events to local destinations (within 3 miles) away from the main school site	
Supervised one-day non-residential visits within the UK (These would still be subject to standard school letter/permission slips)	
Supervised Swimming off site (Langley Swimming Pool)	

Medical consent

I give my permission for:

My child to be given first aid by a trained member of staff during any on-site or off-site activity	
My child to receive urgent dental, medical or surgical treatment, including anaesthetics, as may be considered necessary by the medical authorities present, during any on-site or off-site activity	
My child's information to be shared with the NHS and other relevant health professionals	
Plasters to be applied to my child	
Staff to administer the medicines as specified on signed medication forms	

Please outline any medical conditions/allergies:

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Communication

I give my permission for the school to contact me via:

Phone	
Text message	Award Assemblies
	School Closures
	Reminders

Emergency release

I give my consent for my child to be released to the following person(s) in the event of emergency or illness, if I cannot be contacted:

Person 1	
Name	
Address	
Relationship to pupil	
Contact number	

Person 2	
Name	
Address	
Relationship to pupil	
Contact number	

The information in this form will be used throughout your child's time at school. You may withdraw your consent at any time by contacting the school.

Please sign and date the form before returning it to the School Office.

Signed:

Date:

Print Name: