



HEACHAM JUNIOR SCHOOL

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PARENTAL CONSENT FORM FOR REGULAR OFFSITE VISITS & ACTIVITIES

Child _____ DOB _____ Year Group _____

I hereby agree to my child participating in recognised activities that are organised by the school off the site, for example, environmental studies, swimming, sports matches, joint activities with other schools, visits to local church/library/theatre etc.

I understand that:

- such activities will not often extend beyond the school day, but that if, occasionally, they are likely to do so, adequate advance notice will be given so that I may make appropriate arrangements for his/her safe return home;
- my specific permission will be sought for any out-of-school activities beyond those outlined above and which could involve commitment to extended journeys or times, expense or hazards;
- all reasonable care will be taken of my child in respect of the activity/visit;
- my child will be under an obligation to obey all directions given and observe all rules and regulations governing the visit/activity and will be subject to all normal school discipline during the visit/activity;
- any medical condition, disabilities, or special needs will be notified to the school now and as and when they arise;
- I agree to keep the school/establishment up to date with my emergency contact details.

Please tick box as appropriate:

I give permission or I do not give permission

for my child/ward to receive pain relieving medication when appropriate
(one dosage of paracetamol only).

Signature of Parent/Guardian(s) _____ Date _____

Name of Parent/Guardian(s) _____

Address _____

Telephone _____ Mobile _____

HEAD TEACHER
Ms L Jackson



DEPUTY HEAD TEACHER
Mrs E Hunt