

NORTH YORKSHIRE COUNTY COUNCIL  
CHILDREN AND YOUNG PEOPLES SERVICE

**PARENTAL CONSENT FOR A ROLLING PROGRAMME OR SERIES OF LOCAL VISITS**

**Pupil Details:**School: \_\_\_\_\_ Academic Year: **2018/2019**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I understand** that my child may leave the school premises for local visits as outlined in the school prospectus and hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

**I undertake** to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances after the date shown below.

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

Signed: ..... Name: ..... (Parent/Carer)

Date: .....

**2. Emergency Contact Numbers****I may be contacted by telephone or email using the following information:**

Work:	Home:	Mobile:
Home Address:		
Email:		

**If I am not available please contact:**

Name:		
Work:	Home:	Mobile:
Home Address:		

**This form should be completed annually. If a request is made subsequently for the withdrawal of the form a note or letter to that effect will be placed on the file and the copy of the form will be crossed through stating that the form has been withdrawn and the date on which such withdrawal takes effect.**

**I undertake to inform the Group Leader/Headteacher in writing as soon as possible of any change in the medical or other circumstances between the date shown below and the commencement of the visit.**

Signed:            Name: (Parent/Carer)

Date:

Signed:            Name: (Parent/Carer)

Date: