



**NORTH YORKSHIRE COUNTY COUNCIL
EDUCATION SERVICE**

**Parental Consent For A Rolling Programme Or Series Of Local Visits whilst attending
The Forest School**

Pupil Details:

School: The Forest School

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 as soon as possible of any change in the medical or other circumstances after the date shown below.

I agree to my son/daughter receiving emergency medical or dental treatment of any nature as considered necessary by the medical authorities present.

I agree that if my child urgently requires medical or dental treatment and it is not possible to contact me/us, the Group Leader in charge at the time is authorised on my/our behalf to give consent to such emergency treatment.

Signed: Name: (Parent/Carer)

Date:

Signed: Name: (Parent/Carer)

Date:

Emergency Contact Numbers

I may be contacted by telephoning the following numbers:

Work: Home: Mobile:

Home Address:

If I am not available please contact:

Name:

Work: Home: Mobile:

Home Address: