



"Working Together, Learning Forever"

PARENTAL CONSENT

NAME: _____

ACTIVITY/VISIT _____

VENUE _____

DATE _____

Having read the information sheet on the proposed Activity/Visit, I consider that the above named pupil is physically capable of undertaking the activities described and I hereby agree to his/her taking part.

I hereby consent to any medical, dental or surgical treatment including the administration on an anaesthetic, which may be considered necessary for the above named.

Signed _____ Date _____

Address _____

Telephone Numbers _____ (Home)

_____ (Work)

Alternative Address and telephone number to be contacted in an emergency

Name _____ Telephone No: _____

Relationship to child _____

IF YOUR SON/DAUGHTER REQUIRES REGULAR MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITY PLEASE INDICATE IN THE BOX BELOW AND GIVE DETAILS OVERLEAF

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