PONTARDDULAIS PRIMARY SCHOOL

PARENTAL CONSENT

ACTIVITY / VISIT: VENUES

DATES

NAME:

Having received information 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 of an anesthetic, which may be considered necessary for the above named.

Signed: _____
(Parent/Guardian)
Date: _____

Address: _____

_____

_____

Tel No: _____

Alternative address and telephone number to be contacted in an emergency:

_____

_____

_____

IF YOUR SON/DAUGHTER REQUIRES MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITY, PLEASE TICK IN THE BOX BELOW AND GIVE DETAILS OVERLEAF:
This is a statutory letter, which we are obliged to send to parents, on the instruction of The City & County of Swansea Education Authority.