

NORTH YORKSHIRE COUNTY COUNCIL EDUCATION SERVICE  
**PARENTAL CONSENT FOR A Rolling Programme Of Series & Local Visits**  
(To be distributed with full details of the visit)

**1. Consent for participation in the visit**

**School:** Fountains C E Primary 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/Head Teacher 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 on the following telephone numbers:**

**Work:**

**Home:**

**Mobile:**

**Home Address:**

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

**Name:**

**Work:**

**Home:**

**Mobile:**

**Home Address**

Signed.....Date.....