



<u>Continuing Parental Consent Form</u> North Stainley C E Primary School Visits 2022-2023

Dear Parents,

We are required by North Yorkshire County Council to obtain your consent before your child undertakes an educational visit or outdoor pursuit. As your child will undoubtedly take part in activities during his/her year at North Stainley C E Primary School, we would ask you to complete this consent to cover extra curricular activities in the village i.e. going to church, playing on the recreation ground, studies of the village, Forest Schools etc.

The school also has the use of the Village hall for a classroom, dinners, PE and other activities. There may be occasions where members of the public are also using the Village Hall. In such instances we will ensure that pupils have adequate supervisions and dedicated toilet and changing facilities.

This consent form will also cover our weekly visit to Ripon Spa Swimming pool for swimming lessons and other visits to sporting events and activities at NYCC schools. You will of course be notified about other specific visits in advance.

| Pupils Details: | Name of Pupil: |
|--|----------------|
| Academic Year: | Date of Birth: |
| | |
| I understand that my child may leave the school premises for local visits outlined above 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 Headteacher in writing as soon as possible of any changes in the medical or other | |
| circumstances after the date shown below: | |
| | |
| Signed:Name | parent/carer |
| | |
| Date: | |
| | |
| Signed:Name | parent/carer |
| Data | |
| Date: Please outline any medical or special dietary requirements of your child: | |
| Please outline any medical or special dietary requirements of your child: | |
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| 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 place on file on 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| the form has been withdrawn and the date on which such withdrawal takes effect. | |
| | |
| Emergency Contact Numbers: | |
| I may be contacted by telephone on the following numbers: | |
| | |
| | |
| If I am not available please contact: | |
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