

# Continuing Parental Consents - School Visits



**Robert Wilkinson**  
PRIMARY ACADEMY

Name of Child .....

Class .....

We are required to obtain your consent before a child undertakes an educational visit or outdoor pursuit (i.e. Forest Schools and transporting children to and from activities). As your child will undoubtedly take part in many activities during his/her years at Robert Wilkinson Primary Academy, we would ask you to complete this general consent form to cover all extra curricular activities. Of course, you will be notified about each specific visit outside of the school grounds in advance.

*Please delete as applicable*

|                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| <b>I consent to my child going on educational visits and joining in group activities.</b> | YES | NO |
|-------------------------------------------------------------------------------------------|-----|----|

I do not wish my child to take part in the following activities (complete if applicable)

.....  
.....

|                                                                                             |     |    |
|---------------------------------------------------------------------------------------------|-----|----|
| <b>I consent to any emergency medical treatment necessary during the course of a visit.</b> | YES | NO |
|---------------------------------------------------------------------------------------------|-----|----|

|                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>In the event of an emergency during school hours, Robert Wilkinson Primary Academy will always endeavour to contact a parent/guardian using the contact information provided on the Admissions Form.</p> <p><b>If this is not possible, I give consent for a member of Robert Wilkinson staff to authorise any emergency medical treatment necessary whilst my child is at school.</b></p> | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

*These permissions will remain throughout the time your child attends Robert Wilkinson Primary Academy. You may change them by putting a request in writing to the Principal.*

Signature of parent/guardian .....

Date .....



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