



**Our Lady's RC Primary School
Aspull**

Annual Parental Consent Form

This form requests specific information that will be used for all low risk educational visits and off-site sporting activities undertaken during the academic year. The circumstances of such visits are that they are; regular, form part of the National/school's curriculum and take place within the normal school day within the local region. Your child will not be allowed to attend any visit or activity unless this consent form has been fully completed and returned to school for each academic year. Under certain circumstances separate forms will still be issued and your consent required for visits involving higher risk activities.

Child's Name _____

Class _____

Academic Year _____

Medical Conditions

Please use this section to inform us of any specific medical conditions you think we should know about including any medication

Change of Doctors Details

If your Family doctor's details have changed since last academic year please complete this section

Doctors Name _____

Address _____

Telephone _____

Dietary Requirements

Does your child have any specific dietary requirements or allergies you think we should know about?

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Volunteer Drivers Consent

There are occasions during the academic year when your child may be transported to and from an off-site activity in the private vehicle of a member of staff or volunteer. The following are the conditions which the volunteer drivers have agreed to operate under whilst providing their own vehicle:

- Ensuring that their vehicle is well maintained and road worthy at all times,
- Ensuring that they have at all times appropriate insurance cover,
 - Furthermore they have checked with their insurance company that their policy provides cover for the transporting of pupils voluntarily.
- That they have a current and clean driving licence,
 - If during the course of their voluntary service they are convicted of any driving offence they shall immediately inform the school, and understand that this may affect their ability to continue to provide their services
- they shall ensure that all passengers wear correctly fastened seat belts,
- they shall at no time transport a single pupil, other than their own child, as part of any journey,
- they shall never transport pupils whilst they are under the influence of alcohol or drugs (prescription or otherwise),
- they have never been interviewed, cautioned or convicted of any offence that would render them unsuitable to work with young people.

Please indicate on the declaration that you give permission for your child to be transported in the vehicle of a volunteer/staff member.

Declaration:

I hereby give my consent for my child (full Name) _____

to participate in external educational visits where the conditions are as described above; I also understand that my child may need to leave school premises at other times where my consent will be sought separately,

to be transported where necessary in the private vehicle of staff/volunteers supervising the visit.

Tick all that apply

Signed _____ Name (printed) _____

Relationship to Child _____ Date _____