

September 2018

Dear Parents/Carers

SCHOOL VISITS

At Ifield School pupils benefit from a variety of educational experiences which take place off site throughout the year. We require your written consent and would request that you complete the form below authorising your general consent to school visits. Pupils at Ifield School take part in a wide range of activities including:

PE Enrichment:

Swimming, Judo, Skiing, Archery, Rock Climbing, Archery, Ball Games, Fitness Workout, Trampolining, Cycling, Football and Boxing, Woodland activities and visits to places of interest.

Parent/Carers do have the choice of refusing permission for their child to participate in any individual activity. However, the visit coordinator will notify parents/carers prior to the visit via a letter.

If the activity takes place over a lunch time and a packed lunch is required those pupils who usually have a school or free dinner will have a packed lunch prepared by the kitchen staff. If you would prefer to send in a packed lunch could you please advise the school in advance or you will be charged for the school packed lunch.

Parents/Carers are required to provide consent for any activities that extend beyond the school day (before 9am or after 3.30pm) or trips which are adventurous, for example, climbing walls, canoeing and adventure centres. Consent forms will be distributed by the visit coordinator prior to the visit taking place.

If you have any questions regarding the above please contact the school.

Yours Sincerely



Miss M Jones
Head of School

*This form is valid from the date you sign it, or for the period of time your child attends this school. If a parent wishes to change their consent they should request and complete a new form and return it to the school office.

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Parental Permission for School Visits

Pupil Name: _____ Class: _____

I/We do give permission for my/our child to participate in any school activity.

I/We do not give permission for my/our child to participate in any school activity.

I hereby give my consent to my child receiving an injection, medical treatment, anaesthetic and operative treatment in an emergency as advised by a doctor.

Please state any medication that needs to be taken: _____

Please list any allergies: _____

Signed Parent/Carer: _____ Date _____