

REPLY SLIP - Please complete and return to: **Class teacher by Friday 15 June**

Consent for visit to: Stubbington Village

Date: 19 or 20 June 2018

I confirm that I have parental responsibility for:

Student Name: _____

Tutor Group: _____

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in this letter. I consent to him/her taking part in the programme detailed in this letter. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics

Medical Details

I confirm that the medical information I supplied at the start of this academic year remains comprehensive and up-to-date and that there is no additional information relevant to this activity.

OR

In addition to the information I provided earlier in the year, the school now needs to be aware that:

Parent/Guardian Signature: _____

Print name: _____

Consent for taking images

Yes No

In the event of any images of my child being taken, I consent to them being used for educational purposes

I consent to the images being used on the school's website/publications