

**ST. CHARLES R.C. PRIMARY SCHOOL
PARENTAL / CARER CONSENT FOR AN EDUCATIONAL VISIT**

THIS FORM MUST BE RETURNED BY	TUESDAY 30 TH NOVEMBER 2017	Your child will not be allowed to go on the visit unless this form is completed and returned.	
NAME OF CHILD		CLASS	
SCHOOL TRIP TO	THWAITES' EMPIRE THEATRE, BLACKBURN	DATE	THURSDAY 7 TH DECEMBER 2017

PARENTAL DECLARATION

I confirm that I am aware of the itinerary and arrangements for the visit. I give my permission for my child to participate in the above educational visit.

I confirm that I will provide the school, prior to the visit, with any updated medical information and changes to emergency contact details.

PARENT / CARER SIGNATURE			
PRINT NAME		DATE	
EMERGENCY CONTACT DETAILS FOR USE DURING THE EDUCATIONAL VISIT	PERSON	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
	1.		
	2.		
PLEASE LIST ANY: <ul style="list-style-type: none"> • RECENT ILLNESS • MEDICAL INFORMATION • SPECIAL REQUIREMENTS • OTHER ADDITIONAL INFORMATION THAT YOU WISH SCHOOL TO BE AWARE OF.			