Child's Name: _____

TRANSPORTING CHILDREN TO HOSPITAL

In cases of an emergency your permission is requested to allow school to transport your child to hospital for treatment. Every effort, in the case of an emergency, will be made to contact you. Please sign below to give your consent.

Signed: _____

OFF SITE VISITS

I give permission for the above child to be taken out on local supervised visits when these may occur as part of their stay at Asquith Primary.

Signed: _____

If there are any activities which your child cannot participate in, please give details.

Date: _____

This form will be kept securely on your child's pupil file and will be valid for the date you sign it for the period of time your child attends this school. It is your responsibility to let us know if you want to withdraw or change your agreement at any time.