



Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Home email address: \_\_\_\_\_

I understand that I am giving these details by consent and they will only be used for School to Home communication and for no other use. If I no longer wish the school to hold these details I will notify the school.

### Local Outings

There are occasions when we go and look at places of interest within the village. (The children are always well supervised) We also have invitations to schools within the cluster and slightly further afield. We therefore ask you to complete the permission slip below.

I agree to \_\_\_\_\_ (child's name) being taken on a supervised outing within a 15 mile radius of the school.

Signed.....Print name.....

Date .....

### Allergies/Asthma

I agree to \_\_\_\_\_ (child's name) being allowed to eat food which is prepared or brought into the classroom for tasting.

- My child has no known allergies
- My child is allergic to the following (please give details using additional sheet if necessary)
- My child is asthmatic. Please send me a care plan to complete.

Signed ..... Print name .....

Date.....

