

Parental Consent Form – Level 2 Visits

To be completed by the Visit Leaders:

Please return to : Class Teachers (Visit Leaders)

The Visit Leaders will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Group: YR/Y1/Y2

Places of visit: Ormesby Village

Date: 07.09.2020 – 21.07.2021

Method of travel : On foot

To be completed by the Parent/Guardian

I am willing for my child _____ Class _____
to take part in the above visits.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

My contact number is _____

I agree to my child/ward receiving authorised medication on the visit. I understand it is my responsibility to fill in a medical consent form if necessary and to inform the visit leaders of my child's needs.

Signature of Parent/Guardian: _____

Should there be any amendments to this form after it has been handed in please contact the Visit Leader immediately.