

**PARENTAL CONSENT FOR A SCHOOL VISIT**

**Please complete this form and return it to Mrs V Jetson, Bader Office**

1. **Visit** **to**  Chatsworth Estate, Derbyshire.

***Date:*** 15th June 2017 ***Time*** : 9am To ***Time:*** 3:30pm

1. **Medical details**. My son/daughter has the following medical or special needs. …………………….……………….….

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1. **Dietary details.** My son/daughter has the following dietary needs. ……………………………………………………..…….

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1. **Insurance**. I understand the limits of insurance provided for this visit.
2. **Transport.** I understand the transport arrangements for this visit and my child understands the need to wear a seatbelt.
3. **Return to Home.** I understand the predicted time of return and where this is outside normal school hours I will attend to collect my son/daughter or my son/daughter will be returning home by………………………………………………………………………………………………………………..................................................*……*...
4. **Financial Contribution.** I am making a voluntary contribution of £…………… which I either A) have sent via ParentPay, B) enclose
5. **Photographs**. Photographs taken on the visit may be used in school or education service promotional information. Please answer Yes or No ……

**I agree to my son/daughter attending the visit detailed above and I acknowledge that to be included he/she will need to maintain responsible behaviour**

Name of son/daughter …………………………………………………………….……….. Class ……………….………………………………..……

Signed……………………………………………..…………… Date…………..…………….………… Person with Parental Responsibility

**Once completed please return this form in a sealed envelope to Mrs Jetson in Bader Office. For parents not using the ParentPay facility a cheque should be included with the form. The envelope should be marked clearly with the name and tutor group of your child and the destination and date of the educational visit.**