



*Small enough for everyone to count*

## **FORM OF CONSENT**

### **TO UNDERTAKE SUPERVISED EDUCATIONAL VISITS**

PUPILS NAME (IN FULL):

PUPIL'S ADDRESS:

DATE OF BIRTH:

I (Name):

Of Address:

The parent/guardian of the above-named pupil wish and hereby consent to him/her participating in education visits and journeys and consider him/her able to undertake such visits or journeys under the reasonable supervision of school staff.

I HEREBY CONSENT to him/her taking part in the visits.

Signature of Parent:

Date: