

**PRIORITY**

Dear Parents and Carers

To ensure that our school records are fully up to date with all current medical conditions and contact information for your child, please return this completed form to the school office no later than **Friday 14<sup>th</sup> July 2017.**

This will enable us to be fully prepared for the start of the new academic year, with the vital information that is needed on your child's record.

Thank you

Kind Regards

Mrs Jane Foyle

Headteacher



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## Parental Consent Form for School Visits 2017/2018

I wish my son/daughter ..... to be allowed to take part in school visits.

We expect good standards of behaviour from children and ask for your support in explaining to them how important it is do as they are asked, to ensure everyone's safety.

**Please delete and complete the following as necessary:**

My child has: No illness, allergy or physical disability  
or  
The following illness, allergy or physical disability

.....

.....

Do they need medical treatment or medication for this?

.....

Telephone: home: ..... work: .....

Email address: .....

If not available then please state an alternative contact:

Name .....

Telephone .....

- I consent to medical treatment that may be necessary during the trip.
- I agree to inform the school of any changes to medical requirements for my child throughout the academic year.

Signed .....

Name .....



Headteacher: Jane Foyle

