



Oakwood Primary Academy  
Magnolia Drive, Eastbourne BN220SS

Tel: 01323 501251

Fax: 01323 506698

Email: opaoffice@auroraacademies.org

www.oakwoodprimaryacademy.org



## 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 for this?

.....

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

Email address: .....

If not available 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

