

Parental Permission Slip

I give permission for my child.....Class.....

to take part in.....

I understand this may mean they will leave the site under the supervision of appropriate staff.

My name is.....

My relationship to the child is.....

My contact number is.....

I give/do not (delete as appropriate) give my permission for my child's photograph to be taken and displayed on all appropriate publicity material including the internet and the schools website.

I give permission for staff to act as "in loco parentis" in my absence; in the case of an accident take them to hospital to receive appropriate treatment.

My child has the following medical conditions/allergies.....
.....

Signed.....Date.....

Please return this completed form via:
email - sebastians-ao@st-sebastians.liverpool.sch.uk
fax - 0151 260 5679
or ask your child to give it to their class teacher.