



Parent Permission Form

Name of Pupil _____

Whilst my child is a pupil at Leslie Manser Primary School, I give permission for ...

- 1) my son / daughter to take part in tasting and practical work with food at school. (please note any allergies below)
- 2) my son / daughter to go on local walks within a mile of the school premises.
- 3) my son / daughter to have their photograph used for display purposes around the school.
- 4) my son / daughter to have their photograph used in the school brochure / school website.
- 5) my son / daughter to have their name and photograph printed in the Lincolnshire Echo and other local newspapers.
- 6) my son / daughter to watch "PG" rated films / clips. (these maybe used for academic classes or special events)
- 7) my son / daughter to have face paints applied. (please note any allergies below)
- 8) staff to administer first aid and plasters to my son / daughter. (Please note any allergies below)
- 9) my son / daughter to be transported to hospital in case of an emergency if no contact can be made with parents or other contacts.

Other Information

My son / daughter is allergic to / has an intolerance to the following
(please include any foods / drinks, medication, face paints etc):-

My son / daughter cannot eat the following foods due to our religion /
culture / belief:-

My son / daughter cannot take part in the following activities due to our
religion / culture / belief:-

Signed _____

Name _____

Relationship to child _____

Date _____