

Perton Primary Academy

Parental Consent Form



CHILD'S NAME _____

D.O.B. _____ **CLASS** _____

I give permission for my child to take part in any school activity which involves leaving the school premises to walk to another venue within the boundary of Perton village.

YES / NO

Medical information about your child

Any conditions requiring medical treatment, including medication? **YES / NO**

If YES, please give brief details _____

I agree/do not agree for my child to receive medical treatment if considered necessary by a qualified person.

Contact telephone number _____

Signed _____ **Parent/Adult with Parental Responsibility**

Print Name _____ **Date** _____