**Educational Visits Pupil Consent Form**

# I (parents name) ……………………………………………………………………………

**The parents of** ……………………………………………… Class: …………………………

I hereby grant full authority to the Party Leader(s) to act “in loco parentis” in respect of my child during the visits and activities of West Jesmond Primary School during this school year. This covers your child for all educational visits during the school year including visits to parks, playing fields, swimming activities at Jesmond Pool and visits further afield etc. You will be notified of educational visits that are arranged by the class teachers that go beyond our local environment.

I understand that the words “in loco parentis” means that the Party Leader(s) shall have the same authority in respect of my child regarding discipline and welfare as I myself at present enjoy.

As part of the organised visit I am willing to allow my child to enter into such recreational, educational, sporting and other activities as may be considered by the Party Leader(s) to be in his/her interest and the consent already given in respect of the Party Leader(s) being “in loco parentis” to my child shall apply to any activities undertaken in this regard.

**We are not able to take your child on any visits unless we have the completed form returned to school.**

|  |  |  |
| --- | --- | --- |
| I give permission for my child to participate in educational trips and visits as stated above  Please tick the appropriate box | **YES** | **NO** |
|  |  |

**School Nurses**

We receive requests from School Nurses asking us to provide pupil and parent data in order for pupils to be included in the National Child Measurement Programme, for vaccinations and hearing tests. Please tick the consent box to indicate that you are happy for this to take place.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I consent to school disclosing my child’s details to the school nurse |  |  |
| I consent to my child taking part in the Heights and Weights measurement programme |  |  |
| I consent to my child taking part in the hearing screening programme |  |  |
| I consent to my child receiving the Flu immunisation |  |  |

Signature ………………………………………………………….

Relationship to pupil ………………………………………………………….

Date ………………………..

**If you wish to change / remove consent at any time, please contact the school office either in person or via email on office@westjesmond.newcastle.sch.uk**