# **Wookey Primary School**



# **General Parental Consent**

# 2022/2023

Name: .....

Class: .....

The School asked for your consent for various things that are carried out during the school day. Please tick the items you are happy for your child to take part in for the 2022/23 academic year and return to the office.

### Local Walks

The classes often go on local walks under supervision to locations around the village as part of the school's curriculum activities. I acknowledge that I will be told prior to local walks taking place and I consent to my child taking part in these walks.

#### **Outdoor Learning**

I give permission for my child to take part in outdoor learning sessions throughout the year. I will take responsibility for providing my child with the necessary outdoor clothing and footwear on these days to cope with a range of weather conditions.

#### **Cooking Classes**

My child has the following health / allergy considerations when either 'growing' (in the school garden) or 'cooking' (in the school hall):

## **Travelling to and from School**



#### Year 4 to 6 – Walking to/back from school

I take responsibility for my child to travel to and from school on their own.

**Reception to Year 3 – Travelling to and from School** I understand that the school will not authorise a child to travel home from school with anyone other than the parent/carer unless this authorisation is indicated below or we receive a direct request from a parent to do so in advance:

Names of Authorised People:

As the parent/guardian of ..... I have read, fully understood and am satisfied with the details supplied about the above mentioned activities and agreed to my son/daughter taking part in them.

I know of no reason why he/she should not participate.

I am aware that:-

- (a) except for visits abroad, insurance arrangements are the same as for students in educational establishments, ie that the Authority can only insure against the proven negligence by the Authority and/or its employees;
- (b) I should consider making my own insurance arrangements for personal accident cover for my son/daughter.

Signed: ..... Date: .....

## WOULD YOU LIKE TO RECEIVE OUR NEWS BY EMAIL?

Please fill in this form clearly and send it back to school and you will be added to the mailing list.

Name of pupil:	
Email address:	
Signed:	Date:

Note: Use of your email address is compliant with GDPR regulations.