



**The Schools Network**™  
The Specialist Schools and Academies Trust



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## Parent Agreement Form: General Consent for Trips 2014 / 15

*Please complete and return to the Broadclyst Community Primary School*

I agree to my son/daughter

who is in class

taking part in low risk activities / visits during the academic year 2014/15.

My son/daughter is in good health and I consider him/her capable of taking part. In the event of an accident or illness I consent to any necessary medical treatment, which might include the use of anaesthetics.

Signed:

Parent/Guardian

Date:

Name:

Parent/Guardian

Address:

Postcode:

Home Tel. Number:

Mobile Number: