



PARENTAL CONSENT FORM

1	NAME OF PUPIL :			
2	DATE OF BIRTH :			
3	HOME ADDRESS AND TELEPHONE NUMBER WHERE PARENTS CAN BE CONTACTED DURING THE PERIOD OF THE VISIT :			
	TEL :			
4	INFORMATION REGARDING THE HEALTH / DIET OF THE PUPIL OF WHICH THE PARTY LEADER SHOULD BE AWARE OF :			

5	NAME, ADDRESS AND SURGERY TELEPHONE NUMBER OF PUPIL'S DOCTOR			
6	ACTIVITY :		DATE :	
7	I ENCLOSE THE SUM OF :			

I hereby give consent for school staff to exercise parental responsibility on my behalf during the above activity;

SIGNED : _____

RELATIONSHIP TO CHILD : _____

PLEASE NOTE : THIS FORM SHOULD BE SIGNED BY SOMEONE WITH PARENTAL RESPONSIBILITY AS DEFINED BY THE CHILDREN ACT 1989.

The relevant section of the Children Act quoted below must be read before the form is signed

CHILDREN ACT 1989

"If parents are MARRIED, SEPARATED or DIVORCED, both parents have parental responsibility on an equal basis.

If parents are UNMARRIED, ONLY the mother has parental responsibility unless the father has obtained it by formal written agreement or through a court order.

Other people (step-parents, grandparents etc), DO NOT have parental responsibility unless they have a court order (eg adoption / residence order)."