



**NEATH PORT TALBOT BOROUGH COUNCIL  
EDUCATION DEPARTMENT  
BLAENHONDDAN PRIMARY SCHOOL  
PARENTAL/GUARDIAN CONSENT**

ACTIVITY/VISIT: \_\_\_\_\_



VENUE: \_\_\_\_\_



DATE(S): \_\_\_\_\_

NAME OF PUPIL: \_\_\_\_\_ FORM: \_\_\_\_\_

CONTRIBUTION PER PUPIL IS £ . p

Having read the information sheet on the proposed activity/visit, I consider that the above named pupil is physically capable of undertaking the activities described and I hereby agree to his/her taking part.

I hereby consent to any emergency medical, dental or surgical treatment, including the administration of an anaesthetic, which may be considered necessary for the above named.

Every effort will be made to contact the parents/guardians if surgical treatment is required.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. Nos. Home: \_\_\_\_\_ Business: \_\_\_\_\_

Alternative address and telephone number to be contacted in an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



IF YOUR SON/DAUGHTER REQUIRES REGULAR MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITY, PLEASE PUT A TICK IN THE BOX BELOW AND GIVE DETAILS OVERLEAF.



