



**Parent/Carer Consent form
Non-routine visit's**

Your Child's Name:	
Visit: Santa's Grotto	
Venue: Pentwyn Community Centre	Date: 09.12.21
School: Cwmffrwdroer Primary School	D.O.B.

Medical information : Does your child have any allergies, dietary, medical, Asthma conditions that may affect him/her during this visit that we do not have a record of in our database. **Yes/No**
If yes please give details.

Could you please supply an emergency contact number:

Declaration:

Home:	Work:	Mobile:
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- ◇ **Having read the information about the visit, and having understood the level of supervision to be provided, I agree to my child taking part in the visit, activities described.**
- ◇ **I understand that all reasonable care will be taken of my child during the visit/activity and that he/she will be under an obligation to obey all directions and instructions given and observe all the rules and regulations governing the visit/activity.**
- ◇ **I understand that if my child seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her or he/she may be brought home early from the visit/activity. In such a situation there will be no obligation on the school to refund any money.**
- ◇ **In an emergency I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment including anesthetic or blood transfusion, as considered necessary by the medical authorities present.**
- ◇ **I understand that Torfaen T.C.B.C may use activity images for promotional or public purposes.**
- ◇ **I understand that extent and limitations of the insurance cover provided.**

**X.....
Parent/Carer signature**

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