



Seaton Sluice First School

School Visit Consent Form

I (name) _____

Address _____

Being the parent/guardian responsible for _____

Give permission for the child named above to participate in:

- Organised school trips
- School sports partnership sports events
- Outside agency organised trips
- Seaton Valley school partnership events

For all of the above I will be given prior notice of trips and events.

Agree ☐ (please tick)

Disagree ☐

This consent is given on condition that personal details of people involved will not be revealed without further permission being sought.

Signed _____

Date _____