

PARENTAL CONSENT FOR VISIT

ACTIVITY / VISIT:

DATE (S):

PUPIL NAME:

Description of the proposed activity / visit :

Year 5 and year 6 pupils are invited to attend summer enrichment activities to be held at Ysgol Cwm Brombil. This will be provided by Neath Port Talbot Youth service and Music Service as well as Sports company 'Sgiliau'.

Your child is invited to attend the activities from Monday August the 17th to Thursday August the 20th or Monday August 24th to Thursday August the 27th. Please state whether you want your child to attend the morning or afternoon session.

Your child will be able to participate in a broad range of activities including sport, music, arts and crafts. Each session (a morning or an afternoon, but not both) will have a maximum of 24 children and it will be on a first come, first served basis. Please reply by sending this form to youth.service@npt.gov.uk

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

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

I would like my child to attend on the following dates and the following times

Please choose either week 1 or week 2 and either morning or afternoon.

Delete as appropriate

Week 1

Monday 17th August morning session

or

Monday 17th August afternoon session

Tuesday 18th August morning session

or

Tuesday 18th August afternoon session

Wednesday 19th August morning session

Or

Wednesday 19th August afternoon session

Thursday 20th August morning session

Or

Thursday 20th August afternoon session

Or

Week 2

Monday 24th August morning session

or
Monday 24th August afternoon session

Tuesday 25th August morning session
or
Tuesday 25th August afternoon session

Wednesday 26th August morning session
Or
Wednesday 26th August afternoon session

Thursday 27th August morning session
Or
Thursday 27th August afternoon session

Signed: _____ (Parent/Guardian)

Date: _____

Address: _____

Telephone: Home _____ Work / Mob _____

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

IF YOUR CHILD HAS ANY ALLERGIES, REQUIRES REGULAR MEDICAL TREATMENT FOR ANY ILLNESS OR DISABILITIES, PLEASE TICK THE BOX AND PROVIDE DETAILS BELOW.

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Notes

- This activity will take place in morning and afternoon sessions. 9am to Noon and 1pm to 4pm. Your child can attend either a morning or an afternoon session.
- No food or transport will be provided