**THE WILLOWS PRIMARY SCHOOL**

NAME OF CHILD …………………………………………CLASS …………………

**LOCAL JOURNEY CONSENT FORM**

I consent to my child taking part in local visits throughout their time at The Willows Primary and understand that I will receive a letter outlining arrangements prior to each visit. If this situation should change I will inform the school myself

My child \* does / does not suffer from any condition requiring regular treatment.

 \* Please delete where applicable.

If your child suffers from any condition requiring regular treatment please give details on the back of this consent form.

I consent to any emergency treatment necessary during the course of the visit.

Signature of Parent/Guardian …………………………………… Date ………….........