



Blossom Lower School, Christopher Place

1-5 Christopher Place, Chalton Street,

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PARENTAL CONSENT FOR DAY SCHOOL VISITS

Name of Pupil.....

Class.....

- I give consent for my child to take part in educational trips and visits with the school.
- I understand that the school will send me information prior to each trip or visit and that if I do NOT wish my child to take part, I will inform the school immediately.
- I understand that the school will undertake a risk assessment for all planned trips and visits.
- I will let the school know of any changes to my contact details or my child's medical conditions or dietary information.
- I acknowledge the need for my child to behave responsibly on any trip or visit.

Signed.....Date

Name (please print).....

