



St Winefride's Catholic Primary School Generic Permission Slip

Dear Parents/Carers,

During the course of the year the children may visit a local school or park to enhance their learning. They may also accompany their teacher on a local walk to help with their studies, or attend another school to take part in a sports competition or another activity.

We will inform you if your child is to take part in such a visit but will treat the attached permission slip as your permission for your child to attend such an event or activity.

Similarly your child may be given the opportunity to prepare, cook and taste food. Please indicate below if there is any foodstuff that your child is unable to sample due to allergies etc.

Also, please indicate if there are any food products or types E.g. dairy, types of meat etc. that you do not wish your child to eat or taste.

On the reverse of this form is the Medical Information Slip. Please complete and return this at the same time.

Yours sincerely

Mr Underwood



St Winefride's Catholic Primary School Generic Permission Slip

Child's Name: _____ Class: _____

1. I give permission for my child to participate in local walks or visits to the local parks or schools.

YES NO

2. I give permission for my child to prepare, cook and taste food.

YES NO

3. I do not want my child to taste the following products:

Parent/Carer Name: _____ Signature: _____

Date: _____



St Winefride's Catholic Primary School Medical Information

Child's Name: _____

Class: _____

Please circle as appropriate:

My child suffers from asthma

YES

NO

My child uses an inhaler

YES

NO

My child has an allergy

YES

NO

IF YES PLEASE SPECIFY BELOW:

Allergic to: _____

Any other medical information you feel the school should be aware of:

Parent/Carer Name: _____ Signature: _____

Date: _____