



St. John's Primary School

Hazelbank Road • Coleraine • BT51 3DX

Telephone: 70344437

Principal: Mr K P O'Neill BA Hons Prim Ed

**CONSENT FORM FOR EDUCATIONAL VISITS/
ACTIVITIES OUT OF SCHOOL**

Name Of School	St John's Primary School.	Date	
I consent to my son/daughter			
Taking part in the Educational Visit/activity on			
Please give details of			
Any current medical condition/any medication being taken			
Any other relevant information which may affect his/her participation in the visit/activity	(Please include any allergy or dietary requirements)		
Emergency Contact Numbers	Home:		
	Work:		
	Mobile:		
	Other:		
I accept the established code of conduct for the educational visit/activity and agree to the arrangements (including any costs) relating to my son/daughter being sent home early from the visit.			
I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present. I understand the extent and limitations of the insurance cover provided.			

Signed: _____(Parent/Guardian)

Date: _____

