



**Ysgol Robert Owen**  
**Consent to Local Trips and**  
**Emergency Medical/Dental Treatment On/Off-Site**

Name of pupil: ..... Date of Birth: .....

I understand that my child may leave the school premises for local visits and I hereby give my consent for my child to participate in such visits. I also understand that my child may leave the school premises at other times, when I will be informed separately by letter and further consent will be required from me.

I agree that if my child urgently requires medical or dental treatment of any nature (including situations where the advice of a medical practitioner has been obtained) during the school day, or during an educational visit, and it is not possible to contact me, the teacher in charge at the time is authorised on my/our behalf to give consent to such treatment.

I will inform the school as soon as possible of any change in the medical circumstances of my child, after the date below.

Signed: \_\_\_\_\_ [parent/carer] Date: \_\_\_\_\_

Name (print) \_\_\_\_\_