



GENERAL PERMISSIONS FORM

Child's Name Class Date

I understand that should any of the information on this form change, then it is my responsibility to let the school know as soon as possible.

- I give permission for my child to **travel by private car in the event of an emergency** (e.g. to take them to hospital)

- I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, **as considered necessary by the medical authorities present.**

- I give permission for my child to **participate in food tasting sessions** as part of lessons or to eat food provided for celebrations.
* Please note that my child has an allergy to
.....

- I give permission for my child to **wear face paints or make up** for school productions and use make up remover.
* Please note my child has an allergy to
.....

- I give permission for my child to **go on local walks** with their class as part of their curriculum studies (e.g. to Martin Hardie Way or Hugh Christie Technology College)

- I give permission for my child to **watch PG rated films** or clips where they are deemed suitable by teachers or linked to the curriculum (e.g. Chronicles of Narnia)

Please tick as appropriate.

Signed

Print Name

Relationship to child