

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

**FOOD ALLERGIES**

Please indicate below if your child has food allergies.

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**PG-RATED FILMS**

I give / do not give\* permission for my child to watch certain PG rated films, chosen by the teacher for educational purpose.

If you would prefer to be informed of which films the teachers would like to show the children so that you can give permission on a film-by-film basis, please tick the box.

**LOCAL VISITS**

I give / do not give \* permission for my child to take part in local educational visits.

\*Please delete as appropriate.

Signed \_\_\_\_\_ (Parent)

(I confirm that I have parental responsibility)

Please print \_\_\_\_\_

Date \_\_\_\_\_