

## Parent/Carer Consent Routine Off-site Visits 2023-24

Your child's name:	Class Teacher:	Year:
I hereby agree to my child participating in stand neighbouring area. These visits might include t		ut within the County or
Walking, rugby, football, netball, other	r team games, athletics, table tennis, i	transition visits
These visits will normally take place at the follo	wing, or similar, locations:	
Tonyrefail Community School, Ysgol NantGw St.Illtyd's Church, the immedi	ryn, LA leisure centres, other primary s iate vicinity and the local area of the s	
I understand that:		
<ul> <li>Such visits will normally take place within likely to extend beyond this, adequate advarrangements for my child's return home;</li> </ul>	-	
<ul> <li>My specific permission will be sought for a commitment to extended journeys or times</li> </ul>	•	or which could involve
All reasonable care will be taken of my child	d during the visit;	
<ul> <li>My child will be under an obligation to obey governing the visit and will be subject to all</li> </ul>	-	_
<ul> <li>I must inform the school of any medical or perform them during the visit;</li> </ul>	psychological condition or physical disa	abilities that may affect
<ul> <li>All young people are covered by the Local any claim arising from an accident caused by to negligence by the Council or one of its include personal accident or personal belon</li> </ul>	y a defect in the school premises or eq employees. Please note that this ins	uipment or attributable
Full name of parent/carer:		
Signature of parent/carer:	Date:	
Address:		
Muui 633.		

\_\_\_\_\_Tel: \_\_\_\_\_