

Willow Lane Lancaster LA1 5PR Telephone 01524 65880 E-mail

head@willow.lancs.sch.uk Website: www.willow.lancs.sch.uk

PERMISSIONS FORM

COLLECTING FROM SCHOOL

(Child's Name The following people have permission to collect my/our child at the end of the school / Nursery day	
٦		
	Walking Home and Sibling Collection	
ı	would like my child to walk home	Yes □ No □
٦	The siblings that they will be collecting to wa	alk home are:
١	Name	Class
ONS	ENT	
1001	I publications, social media or in the media Yes No	as part of a school event.
ons	ent to emergency medical treatment being	given to my child.
	Yes	,
	No	
ive	permission for my child to take part in walks	s around the local area as part of the curriculum.
	Yes	
	No	
ons	ent to my child's details being shared with o	other agencies (e.g. School health, education office).
0	Yes	
0	No	
gned	d	Date:
me	u Name(s)	

This consent will be valid unless changed by you. With respect to media photographs, such as printed marketing material and the school website, this may extend past your child leaving our school. If you would like to amend the consent form, you must come to the school office where a new form will be supplied to you to amend your consent accordingly with signature.