

St. John's CE (A) Primary School Parental Consent Form

Collection of Pupils

CHILD'S FULL NAME		CLASS	
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I give my consent for my child to be released to the following person(s) at the end of the day in addition to named parents:

PERSON 1			
NAME			
RELATIONSHIP TO PUPIL			
UNDER 16	YES	NO	
PERSON 2			
NAME			
RELATIONSHIP TO PUPIL			
UNDER 16	YES	NO	
PERSON 3			
NAME			
RELATIONSHIP TO PUPIL			
UNDER 16	YES	NO	
PERSON 4			
NAME			
RELATIONSHIP TO PUPIL			
UNDER 16	YES	NO	
PERSON 5			
NAME			
RELATIONSHIP TO PUPIL			
UNDER 16	YES	NO	
<p><i>Please make sure that any individuals whose details you put down here are aware you have done so. Additionally, make them aware of our privacy notice for personal data (contact the school office if you cannot find a copy). I accept full responsibility for any action, accident or incident that might occur once my child has been collected by any of the above named adults/minors.</i></p>			