

Threemilestone School - Home and School Partnership Agreement

**HOME AND SCHOOL PARTNERSHIP AGREEMENT:**

I have read and agree to support the principles laid out in this Partnership Agreement.

Name of Parent: ..... Signature: .....

Child's Name: ..... Older pupils may sign: .....

**PARENTAL CONSENT FORM:**

This form has been produced for parents / guardians of children at Threemilestone School to complete with regard to all visits and journeys which are carried out during the course of your child's time at Threemilestone School, and gives the necessary authority to the school to take your child on the visit.

PLEASE NOTE that, in signing this form, your rights are not affected in any way.

Name of child: .....

	Please tick
I wish my son / daughter to be allowed to take part in any journey / visit carried out by the school.	
If, after consultation with a registered medical practitioner, emergency treatment is deemed to be necessary, and those responsible for the welfare of the school party have been unable to make contact with parent or guardian, I am willing to give consent for the necessary treatment in my absence.	

I confirm that:

My child <b>does not</b> suffer from any medical condition requiring regular medical treatment.	
My child suffered from (please state) ..... ..... requiring regular treatment (i.e. diabetes, asthma).	
I undertake to inform the class teacher as soon as possible of any change in medical circumstances.	
I consent to my child travelling by any form of public or contracted transport.	
I consent to my child travelling in a car to be driven by a parent or teacher who is suitable insured.	

Signed: ..... (Parent / Guardian)	Date:
Printed: ..... (Parent / Guardian)	
Telephone Contact Numbers:	Home:
	Work:
	Mobile:

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