ST NICHOLAS HOUSE CHRIST COLLEGE
GENERAL PERMISSION SLIP 2018/19

Name(s) of child/children: 1. ..... 3. .....

2. .....

I give / do not give* permission for my child/children to take part in local visits during the academic year 2018/19.

I give / do not give* permission for my child/children to taste foods as part of food technology or other lessons.

I give / do not give* permission for my child/children to use the school computers and have supervised access to the internet and email.

I give / do not give* permission for my child/children to walk home unaccompanied at the end of the school day (if appropriate).

I give / do not give* permission for appropriately trained staff to administer first aid to my child/children.

* please delete as applicable

Please provide details of any food allergies that your children have:

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Signed *(person with parental responsibility)*: ..... Date.....