

STATHAM COMMUNITY PRIMARY SCHOOL
Inspiring all to learn share and care.

Parental Consent Form for PTA Events and Activities

Childs name:

Year on entry:

Date of Birth:

Address:

Parents Name:

Contact Telephone No.:

Email Address:

Please delete as appropriate:

- I/we agree to being contacted regarding PTA news and events
- I/we agree to my child taking part in PTA organised activities on school premises
- I/we agree to him/her being filmed during the nativity and Christmas performances
- I/we agree to him/her being photographed for group or media purposes
- I/we give consent to emergency first aid if required
- He/she has the following dietary/medical/cultural needs, including any disability or behaviour (Including hurting him/herself or others) which may entail extra supervision by adults or specialist medical knowledge (please delete as appropriate). Please detail on the reverse or return in a sealed envelope.

I'm interested in helping the PTA (please tick)

Do you work for an organisation that provides matched funding? Please detail here...

Do you work for a business or own a business that might want to sponsor an event or activity?
We're always looking to build partnerships with local businesses. Please detail here.

Parent/Guardian Name (Print):

Signed:

Date: