



# ST MICHAEL'S CE JUNIOR SCHOOL

## LOCAL VISIT PERMISSION SLIP

<b>CHILD'S NAME</b>	
<b>CLASS</b>	
<p>I give permission for my child to go on trips and events in the local community (within a 4-mile proximity of the school) during their time at St Michael's CE Junior School.</p> <p>I/we understand that the emergency and medical information that I/we have provided to the school will be used for such events and will provide updates to the school with regards to any change of information for the above-named child.</p>	
<b>SIGNATURE</b>	
<b>DATE</b>	