



June 2023

Dear Park Mead Families,

### Parental Consent Form

In the unlikely event that your child needs urgent medical intervention, please complete the following and return to the school office.

To the Head of School, Park Mead Primary School, Upper Dicker, BN27 3QP.

I agree that if my child urgently requires medical/dental treatment during the school day or during an out of school activity and it is not possible to contact me or my wife/husband/partner, the teacher in charge at the time is authorised to give consent on my behalf.

I understand that my child may leave the school premises for local visits as outlined in the school prospectus or at other times when I am informed separately by letter. I give the same consent on these occasions.

This consent will last for the duration of my child's attendance at Park Mead Primary School.

Pupil's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Year and Class: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

If you have any queries, or at any time would like to change this, please contact the school office:

[office@parkmead.e-sussex.sch.uk](mailto:office@parkmead.e-sussex.sch.uk) or by phone: 01323 844247.

Yours sincerely,

Mrs Heidi West  
Head of School

