



**STOUR VALLEY**  
— COMMUNITY SCHOOL —

Stour Valley Community School  
Cavendish Road, Clare  
Suffolk CO10 8PJ

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[www.stourvalleycommunityschool.org](http://www.stourvalleycommunityschool.org)

Headteacher Mrs Rachel Kelly BA (Hons)

**PARENTAL CONSENT, CONTACT & MEDICAL FORM:**  
**Remembrance Parade, Bury St Edmunds Monday 11<sup>th</sup> November 2024**

Please ensure all white boxes are completed and accurate.

**PLEASE RETURN THIS FORM TO MISS TERRY BY WEDNESDAY 23<sup>rd</sup> OCTOBER 2024**

Full Name of Student		Date of Birth
Person to contact during the visit. Relationship to the student		
Address		
Telephone	Home:	Mobile:
Medical conditions		
Will your child need medication during the visit?	Yes / No (please circle) If yes, please detail	
Would you like to talk to Miss Terry in more detail about your child's medical condition?	Yes / No	
Do you give consent for photographs to be taken of your child on the visit and shared in local newspapers (printed and online)	Yes / No (please circle)	
Do you give consent for photographs to be taken of your child by staff during the visit and placed on the school Facebook page and website?	Yes / No (please circle)	



**Please sign below:**

**Declaration**

I agree to my child, named above, taking part in the Remembrance Parade visit and the activities described.

I acknowledge the need for my child to behave responsibly in accordance with the school's Code of Conduct and to arrive wearing recommended clothing and carrying a full water bottle.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the visit organiser as soon as possible of any changes in medical or other circumstances prior to the visit.

I understand it is my responsibility to provide accurate information within this consent form.

I understand that SVCS staff reserve the right to alter the itinerary to take into account a change in circumstances.

Parent Carer Signature: ..... Date: .....

Print Name.....

