

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

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Headteacher Mrs Rachel Kelly BA (Hons)

PARENTAL CONSENT, CONTACT & MEDICAL FORM: Remembrance Parade, Stour Valley Community School, 8th November 2024

Please ensure all white boxes are completed and accurate.

PLEASE RETURN THIS FORM TO MISS TERRY BY FRIDAY 25th OCTOBER 2024

| Full Name of Student | | Form Group | |
|--|--|---|--|
| I give my permission for my child (above) to take part in the Remembrance Parade at SVCS on Friday 8 th November 2024 at 11am | YES NO (please circle) | | |
| My child is a member of the following uniformed organisation: | GUIDES SCOUTS AIR CADETS SEA CADETS (please circle) Other (| ARMY CADETS ST JOHN AMBULANCE please detail below): | |
| I give my consent for my child to wear the uniform of this organisation at this event: | YES NO | (please circle) | |
| Please would you contact the relevant organisation such as Cadets to check that they are happy for the uniform to be worn at this event and tick the appropriate box on the right: | YES I HAVE CONTACTED THEM AND CONSENT IS GIVEN I WILL CONTACT THEM AND LET THE SCHOOL KNOW IF THERE ARE ANY ISSUES I DO NOT WISH TO CONTACT THEM FOR CONSENT | | |
| Do you give consent for photographs to be taken of your child by staff with other students and veterans and shared in local newspapers (printed and online) | YES NO | (please circle) | |
| | | | |



Stour Valley Educational Trust Limited Registration No. 7226557



| Do you give consent for photog be taken of your child by staff w students and veterans during th and placed on the school Fac page and website? | vith other he event | YES | NO | (please circle) |
|---|------------------------|-------------|----|-----------------|
| Parent/Carer Signature: Print name below: | | name below: | D | ate signed: |

3-26 SCHOOL MENTAL HEALTH AWARD



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