

**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 25<sup>th</sup> 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 <sup>th</sup> November 2024 at 11am	YES  (please circle)	NO
My child is a member of the following uniformed organisation:	GUIDES AIR CADETS (please circle)	SCOUTS SEA CADETS Other (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:	<input type="checkbox"/> YES I HAVE CONTACTED THEM AND CONSENT IS GIVEN <input type="checkbox"/> I WILL CONTACT THEM AND LET THE SCHOOL KNOW IF THERE ARE ANY ISSUES <input type="checkbox"/> 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)

Do you give consent for photographs to be taken of your child by staff with other students and veterans during the event and placed on the school Facebook page and website?

YES

NO

(please circle)

Parent/Carer Signature:

Print name below:

Date signed:

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