



I consent to my child participation in Curriculum-related excursions during the school day

- Walking

- By Bus

Parent's Signature:

I consent to my child's participation in the RSE Programme

Parent's Signature:

I consent to my child's participation in the Stay Safe Programme

Parent's Signature:

Screening Tests are carried out in the school on all children from Infants to 6th Class. I allow my child to do these tests.

Parent's Signature:

I give permission to allow my child's photograph/image to be included in school-related activities, competitions etc.

Parent's Signature:

Signed:

Date: _____

Sunday's Well G.N.S
Strawberry Hill
Blarney Road
Telephone : 021-4396632
Email : sundayswellgns@gmail.com

Sunday's Well Girls' National School
Medical Information



I give permission to allow my family details (name, address, date of birth, etc.) to be given to agencies such as HSE (school nurse, doctor, dentist) and Young Knocknaheeny ABC

Parent's Signature:
