**Celebration of Wellbeing in Basingstoke Primary Schools**

**Friday March 27th 2020**

**Permission Form**

Dear parent/carer,

Your child has been chosen to attend this exciting event, which will take place at the Basingstoke Council Offices on Friday March 27th 2020 from 9:15am to 12:30pm.

At the event, they will take part in a variety of activities include an ice-breaker, presentation and debate in the council chamber, workshops, and more. The aim of the morning is to:

1. Celebrate what our school is doing to support children’s wellbeing
2. Learn more about what wellbeing looks like
3. Influence the ‘direction of travel’ of wellbeing in Basingstoke.

Many influential people will be present throughout the event, including: the mayor, the leader of the council, Head of Basingstoke CAMHS, district lead of Basingstoke schools, primary and secondary headteachers, and more. Staff from our school will also be present. 10 schools across Basingstoke & Deane are taking part. What an exciting opportunity for your child!

During the day, photos and videos will be taken by a range of agencies, for celebration and promotional purposes. Your child may appear in local newspapers, online, or even on TV. Please indicate your permission below.

Your child will need normal lunch arrangements for the day; they will eat when they return to school. Refreshments will be provided for a snack mid-morning.

TRAVEL ARRANGEMENTS – please insert as appropriate.

Please do not hesitate to get in touch if you have any questions. We look forward to this exciting event, and the influence that your child will have in Basingstoke’s wellbeing strategy.

Yours sincerely,

NAME

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**CONSENT & PERMISSION SLIP – Celebration of Wellbeing – 27th March 2020**

🞎 Yes, I give permission for my child to attend this event ***or*** 🞎 No, I do not want them to attend.

🞎 Yes, I give permission for photos and videos to be taken and used in various media formats and publicised

***or*** 🞎 No, I do not want my child to have videos/photos taken of them.

🞎 My child has the following medical needs/allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_