

A trip to

Headteacher: **Mr J Grant** Sackville School, Lewes Road,

East Grinstead, West Sussex RH19 3TY

**Tel:** 01342 410140 **Fax:** 01342 315544

Email: secretary@sackville.w-sussex.sch.uk

www.sackville.w-sussex.sch.uk

## SACKVILLE SCHOOL PARENT'S CONSENT FORM

I wish my chi	ld	(Full name of child in capitals please)		
to be allowed to take part in the above-mentioned school journeys and having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.				
I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of the journey.				
Please delete appropriate.	and complete the following as is	Date of Birth:		
My child has no illness, allergy or physical disability *		Name of own doctor:		
The following illness, allergy or physical disability*		Doctor's address:		
*cross out which does not apply		Doctor's telephone No:		
which necessitates the following medical treatment				
I consent to staff administering paracetamol/ibuprofen if required				
I consent to any emergency medical treatment necessary during the course of the visit.				
Address	Home	Work		















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Telephone No:	email	:
Mobile No:		
If not available at the ab	ove, please state an alternative contac	ct.
Name	Telephone No:	Mobile No:
Signed Parent/Carer	Print Name:	Date
to be used for normal pu	be taken that include your son/daught blicity purposes including publication of	
box.		











