SACKVILLE SCHOOL PARENT'S CONSENT FORM

A trip to BA Languages and Communication Centre, Heathrow on Wednesday 5 th November 2014	
I wish my child	_ (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 charg the young people, unless they are negligent they cannot be h suffered by my child arising during or out of the journey.	
Please delete and complete the following as is appropriate.	Date of Birth:
My child has no illness, allergy or physical disability $\ensuremath{^*}$	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.	
AddressHome Work	
Telephone No: email Mobile No:	:
If not available at the above, please state an alternative contact.	
Name Telephone No:	Mobile No:
Signed Print Name: Parent/Carer	Date
Note : Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including publication on the school's website please tick box.	
My son/daughter does/does not have dietary requirements (please delete as appropriate). If yes please specify	