SACKVILLE SCHOOL PARENTAL CONSENT FORM

A trip to Berlin, Germany Thursday 1 st March 2018 – Sunday 4	tn March 2018
I wish my child	(Full name of child in capitals please)
to be allowed to take part in the above-mentioned school journ agree to his/her taking part in any or all of the activities descriunderstands that it is important for his/her safety and for the sinstructions given by the staff in charge are obeyed.	bed. I have ensured that my child
I understand that, while the school staff and helpers in charge the young people, unless they are negligent they cannot be he 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 *	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 requi	red
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I consent to any emergency medical treatment necessary during	ng the course of the visit.
I consent to any emergency medical treatment necessary during AddressHome Work	ng the course of the visit.
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AddressHome Work	
AddressHome Work Telephone No: email:	
AddressHome Work Telephone No: email: Mobile No:	
AddressHome Work Telephone No: email: Mobile No: If not available at the above, please state an alternative contact	
AddressHome Work Telephone No: email: Mobile No: email: If not available at the above, please state an alternative contact Name Telephone No:	ct Mobile No:
AddressHome Work Telephone No: email: Mobile No: If not available at the above, please state an alternative contact	ct Mobile No:
AddressHome Work Telephone No: email: Mobile No: email: If not available at the above, please state an alternative contact Name Telephone No: Signed Print Name:	ct Mobile No: Date ter. If you do not wish such pictures to be
AddressHome Work Telephone No: email: Mobile No: email: If not available at the above, please state an alternative contact Name Telephone No: Signed Print Name: Parent/Carer Note: Photographs may be taken that include your son/daugh	ct Mobile No: Date ter. If you do not wish such pictures to be
AddressHome Work Telephone No: email: Mobile No: email: If not available at the above, please state an alternative contact Name Telephone No: Signed Print Name: Parent/Carer Note: Photographs may be taken that include your son/daugh	ct Mobile No: Date ter. If you do not wish such pictures to be school's website please tick box.
AddressHome Work Telephone No: email: Mobile No: email: If not available at the above, please state an alternative contact Name Telephone No: Signed Print Name: Parent/Carer Note: Photographs may be taken that include your son/daugh used for normal publicity purposes including publication on the	ct Mobile No: Date ter. If you do not wish such pictures to be exchool's website please tick box.