SACKVILLE SCHOOL PARENTAL CONSENT FORM

A trip to Chailey Heritage Monday 15th June 2015 – Friday 19th June 2015

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 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 and complete the following as is appropriate.	Date of Birth:	
My child has no illness, allergy or physical disability st	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 alternativ	e contact.
Name	Telephone No:	Mobile No:
Signed Parent/		Date
		n/daughter. If you do not wish such pictures to be n 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 _____