

VISIT TO:

Child's name _____ Class _____

I agree to my child participating in the above visit and enclose £ _____ as a contribution towards the cost of the visit.

Signed _____
(Parent/Guardian)

NORTH MUNDHAM SCHOOL - PARENT'S CONSENT FORM

A journey to _____ (place)

on _____ (date)

I wish my son/daughter _____ (name of child) _____ (Date of Birth) to be allowed to take part in the above mentioned school journey 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 children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

(Note: North Mundham School has taken out a School Journey Insurance Policy with Chartis Insurance Ltd on my behalf.)

Please delete and complete the following as appropriate.

My child has: *no illness, allergy or physical disability

 * the following illness, allergy or physical disability

 (*Please cross out which does not apply)

which necessitates the following medical treatment

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ Date _____

Home address:

Work address:

Telephone _____ Telephone _____

If not available at the above, please state alternative contact:

Name: _____

Telephone: _____

Name of doctor: _____ Telephone: _____