

Hughenden Primary School
Parental Consent for Y4 Visit to Wycombe Museum and The Rye
Monday 12 July 2021

I give permission for my child, (insert child's name) in Year 4 to take part in this trip and have read the information sheet. I agree to my child's participation in the activities described and acknowledge the need for my child to behave responsibly. I confirm that my child is in good health and I consider him/her fit to participate.

I understand I need to drop my child at Wycombe Museum between 8.50 – 9.10 am

I understand I need to collect my child from the Rye (exact pick-up point to be confirmed shortly) between 3.00 – 3.10 pm

I enclose my contribution of £4.00 towards the hire of the meeting room at Wycombe Museum.

Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

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Please outline any special dietary requirements for your child.

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Parent contact telephone numbers:

Work: Home:

Alternative contact details:

Name: Tel No:

Name and address of family doctor:

Name: Tel No:

Address:

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Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: Date:

Full Name: