

# Hughenden Primary School

## Parental Consent for attendance at Sir William Ramsay Annual Art and Photography Exhibition

Date and time: Wednesday 12<sup>th</sup> July – Morning

I agree to \_\_\_\_\_ (insert child's name) taking part in this visit, I understand that my child will be taken by another parent and have read the information sheet. I agree to \_\_\_\_\_ (insert child's name) 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.

### Medical Information

Any conditions requiring medical treatment, including medication? Yes/No

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

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Please outline any special dietary requirements for your child.

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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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: (capitals) \_\_\_\_\_

### Contact Telephone Numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Address: \_\_\_\_\_

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If I am not available at above, please contact:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and address of family doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_