Hughenden Primary School

Parental Consent for participation in Energize at the Wycombe Swan Theatre and associated rehearsals

Group rehearsals – Monday 3 February and Tuesday 3 March 2020

Dress rehearsal and performances at Wycombe Swan Theatre – Friday 20 and Saturday 21 March 2020

I give permission for my child	
I understand that photographs and videos of the production of Energize.	ne project will be used for publicity purposes for the
I enclose my contribution of £10.00 towards th Dress rehearsal.	e cost of coach transport to the Group rehearsals and
Medical Information Any conditions requiring medical treatment, including me	dication? YES/NO
If yes please give brief details and ensure appropriate adm of the visit.	ninistrations of medicines form are completed in advance
Please outline any special dietary requirements for your cl	hild.
Parent contact telephone numbers:	
Work:	Home:
Alternative contact details:	
Name:	Tel No:
Name and address of family doctor:	
Name:	Tel No:
Address:	
Declaration I agree to my child receiving medication as instructed and anaesthetic or blood transfusion, as considered necessary extent and limitations of the insurance cover provided.	any urgent dental, medical or surgical treatment including by the medical authorities present. I understand the
I will inform the class teacher as soon as possible of any chow and the commencement of the journey.	nanges in the medical or other circumstances between
Parent Signature:	Date:
Full Name:	