

# Hughenden Primary School

## Parental Consent to sing for the Child Bereavement Trust, Eden Centre, High Wycombe

Date: Thursday 6 December 2018

I agree to \_\_\_\_\_ (insert child's name) taking part in this visit 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.

### 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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### 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 \_\_\_\_\_

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:

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

Address \_\_\_\_\_