Hughenden Primary School

Parental Consent for Year 3, Year 5 and Year 6 trip to Cineworld, High Wycombe

Tuesday 19 November 2019

I give permission for my child ……. in Year ……. to take part in this visit 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 enclose my contribution of £4.00 towards the cost of coach transport to and from the event.

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: ……

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: ……