Hughenden Primary School

Parental Consent for participation in a visit to Oxford Botanical Gardens on Wednesday 28th June 2017

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. 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 form are completed in advance of the visit.

_____

_____

Please outline any special dietary requirements for your child.

_____

_____

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:_____

_____

If I am not available at above, please contact:

Name _____ Tel No:_____

Address: _____

_____

Name and address of family doctor:

Name: _____ Tel No: _____

Address _____