

# Hughenden Primary School

## Parental Consent for a visit to Hampton Court Palace

Date and time: Wednesday 22 June 9.10 am – 3.15 pm

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 forms 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 \_\_\_\_\_

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

\_\_\_\_\_

If I am not available at above, please contact:

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

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

\_\_\_\_\_

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

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