

# **Hughenden Primary School**

## **Parental Consent for a School Visit to Empire Cinemas**

**Wednesday 5<sup>th</sup> November 2014, 10.00am – 12.00pm**

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.

---

---

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 \_\_\_\_\_