

**Hughenden Primary School**  
**Parental Consent for Year 3 and Year 4 visit to Cineworld, High Wycombe**  
**Tuesday 20 November, 9.15 am – 12:00 noon**

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 \_\_\_\_\_