Hughenden Primary School

Parental Consent for a visit to The Living Rainforest, Newbury

Date and time: Tuesday 19 June 2018, 9.05 am – 3.20 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: _____