

Name of Child: _____

Date of Birth: _____

Year & Tutor Group: _____

Visit to: _____

Date of Visit: _____

Times of Trip: _____

Child's Doctor's name, address and telephone number:

Medical conditions and/or current medication including dietary issues such as gluten intolerance, lactose intolerance, vegetarian, etc :

(where appropriate include details of the medication and dosage)

I have received and read details of the above trip/visit.

I consent to my child taking part in the visit and activities indicated. I acknowledge that staff will be liable in the event of an accident only if they failed to take reasonable care of my child during the visit.

I understand that all school rules and expectations will apply during the trip and that any serious breach of these could result in me being responsible for arranging for my child to return home or to collect them myself.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

I accept that, in respect of any withdrawal from the trip/visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the Chair of Governors.

Emergency Contact details (1):

Name: _____

Address: _____

Tel: _____

Mobile: _____

Email: _____

Signed: _____

(Parent/Carer)

Emergency Contact details (2):

Name: _____

Address: _____

Tel: _____

Mobile: _____

Email: _____

Date: _____