



Headteacher: **Mr J Grant**  
 Sackville School, Lewes Road,  
 East Grinstead, West Sussex RH19 3TY  
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**SACKVILLE SCHOOL PARENT’S CONSENT FORM**

A trip to

I wish my child \_\_\_\_\_ (Full name of child in capitals please)

to be allowed to take part in the above-mentioned school journeys and having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my child arising during or out of the journey.

Please delete and complete the following as is appropriate.	Date of Birth:
My child has no illness, allergy or physical disability * The following illness, allergy or physical disability* *cross out which does not apply	Name of own doctor: Doctor’s address: Doctor’s telephone No:

\_\_\_\_\_

\_\_\_\_\_

which necessitates the following medical treatment

\_\_\_\_\_

\_\_\_\_\_

I consent to staff administering paracetamol/ibuprofen if required

I consent to any emergency medical treatment necessary during the course of the visit.

Address	Home	Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





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Telephone No: \_\_\_\_\_ email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

If not available at the above, please state an alternative contact.

Name \_\_\_\_\_ Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Signed \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Carer

**Note:** Photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including publication on the school's website please tick box.

