SACKVILLE SCHOOL PARENT'S CONSENT FORM

A trip to Germany from Saturday 12 th December 2015 until Wednesday 16 th December 2015	
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 *	Name of own doctor:
The following illness, allergy or physical disability*	Doctor's address:
*cross out which does not apply	Doctor's telephone No:
which necessitates the following medical treatment	
I consent to staff administering paracetamol/ibuprofen if requ	ired
I consent to any emergency medical treatment necessary duri	ng the course of the visit.
AddressHome Work	
Telephone No: email:	
Mobile No:	
If not available at the above, please state an alternative conta	oct.
Name Telephone No:	Mobile No:
Signed Print Name: Parent/Carer	Date
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.	
My son/daughter does/does not have dietary requirements (please delete as appropriate).	
If yes please specify	