

SACKVILLE SCHOOL PARENTAL CONSENT FORM

Spanish Work Experience 26th February 2017 – 3rd March 2017

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. My child has no illness, allergy or physical disability * The following illness, allergy or physical disability* *cross out which does not apply	Date of Birth: Name of own doctor: Doctor's address: Doctor's telephone No:
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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.

AddressHome	Work
_____	_____
_____	_____

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.

My son/daughter does/does not have dietary requirements (please delete as appropriate).

If yes please specify _____
