



PARENTAL CONSENT FORM RICHARD CHALLONER/HOLY CROSS SCHOOL

1 DETAILS OF JOURNEY

Journey to **Juniper Hall Field Studies Centre, Mickleham, Dorking.**

From **15:30, Friday 16th March 2012**

To **15:00, Monday 19th March 2012**

I agree to my son/daughter (name) _____ taking part in the above mentioned visit and agree to his/her participation in any or all of the activities proposed.

I have ensured that my child understands that it is most important for his/her safety and the safety of the group that rules and instructions given by the staff in charge are obeyed.

I accept that, if he/she does not meet the requirements as to conduct he/she may be returned home, accompanied by an adult, before the end of the journey and that I may be required to bear the cost of this; also the cost of any loss or damage caused by my child which is not covered by the school's insurance.

2 MEDICAL INFORMATION

a) Does your son/daughter suffer from any conditions requiring medical treatment, including medication?

If yes, please give brief details:-

b) To the best of your knowledge has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious?

If yes, please give brief details:-

c) Is your son/daughter allergic to any medication?

If yes, please specify:

d) Has your son/daughter received a tetanus injection in the last 5 years?

YES/NO

P.T.O

3 DIETRY REQUIREMENTS

Please outline any specific dietary requirements for your child:-

4 I undertake to inform the Headteacher as soon as possible of any change in the medical circumstances between the date signed and the commencement of the journey.

5 DECLARATION

I agree to my son/daughter receiving medical treatment including anaesthetic as considered necessary by the medical authorities present. I understand and accept the extent and limitations of the insurance cover provided.

I do not agree to my son/daughter receiving the following medical treatment (please specify if any):-

I may be contacted by telephoning the following numbers:-

Work _____ Home _____

My home address is _____

If not available at above please contact:-

Name _____

Telephone _____

Address _____

Name, address and telephone number of family doctor:-

Dated _____ Signed _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.