

VISITS – CONSENT FORM

Hythe Bay Church of England Primary School and Children's Centre

Visit to...Y6 Residential Kingswood Date ...Mon 18th to Fri 22nd March 2019

I wish my son/daughter(name of child) in(class) to be allowed to take part in an organised visit of the nature described in the Headteacher's letter ofand, 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 son/daughter arising during such visits.

Please complete the following as is appropriate*
Cross out which does not apply.

My child has:

no illness, allergy or physical disability*

the following illness, allergy or physical disability*

Date of Birth: / /
Name of own Doctor:
Doctor's Address:

which necessitates the following medical treatment:

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

Signed _____ **Date** _____
Parent/Guardian

Address

Telephone No
Home: _____ Work: _____ Mobile: _____

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

Name: _____

Telephone No: _____