

Hughenden Primary School

Parental Consent for participation in the Y4 Tennis Festival at The Misbourne School on Wednesday 8 June 2022

I give permission for my child in Year 4 to take part in this visit and have read the information sheet. I agree to my child's participation in the activities described and acknowledge the need for my child to behave responsibly. I confirm that my child is in good health and I consider him/her fit to participate.

S

Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

.....

Please outline any special dietary requirements for your child.

.....

Parent contact telephone numbers:

Work: Home:

Alternative contact details:

Name: Tel No:

Name and address of family doctor:

Name: Tel No:

Address:

Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: Date:

Full Name: