

**Hughenden Primary School**  
**Parental Consent for Y4 Visit to Wycombe Museum and The Rye**  
**Monday 12 July 2021**

I give permission for my child, ..... (insert child's name) in Year 4 to take part in this trip 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.

**I understand I need to drop my child at Wycombe Museum between 8.50 – 9.10 am**

**I understand I need to collect my child from the Rye (exact pick-up point to be confirmed shortly) between 3.00 – 3.10 pm**

**I enclose my contribution of £4.00 towards the hire of the meeting room at Wycombe Museum.**

**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.

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Please outline any special dietary requirements for your child.

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**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: .....