

Hughenden Primary School

Parental Consent for Foundation, Year 1 and Year 2 trip to the Cineworld, High Wycombe Tuesday 22 November 2022

I give permission for my child in Year 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.

I enclose my contribution of £6.00 towards the cost of coach transport to and from the event.

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.
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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: