

# Hughenden Primary School

## Parental Consent for participation in Echoes 10 at the Royal Albert Hall on Monday 29 April 2024 and a rehearsal at Wycombe Town Hall on Friday 22 March 2024

I give permission for my child ..... in Year 5 to take part in the rehearsal and public performance of Echoes 10 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 give permission for my child to be photographed/videoed for Echoes 10 publicity purposes. Please note, if you do not give your permission, your child will not be able to take part. Please tick this box.

I enclose my contribution of £25 towards the cost of coach transport to the the Royal Albert Hall in London.

### Please return forms and payment by Friday 15 March 2024

#### 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: .....