

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** STOKE BY NAYLAND CEVC PRIMARY SCHOOL

**VISIT(S) TO:** ESSEX OUTDOORS DANBURY

**DATE(S) OF VISIT(S):** MONDAY 12<sup>th</sup> JUNE – WEDNESDAY 14<sup>th</sup> JUNE 2017

I have received and read details of the above visit(s).

I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name, address and telephone number is: \_\_\_\_\_

\_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

**Alternative Contact if required**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health **or other matter** concerning your child of which accompanying staff should be aware of or has any specific dietary requirements.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give further details of any medical condition, however minor, from which your child may be suffering at the time of the proposed visit.

Please give further details of any prescribed medication, (such as antibiotics) which your child will need during the visit. Please ensure that all medication is clearly labelled, is in date and dosage required. The children will need to hand all medication to a member of staff on the day of travel. If you are in any doubt at all please speak to the school well in advance of the trip. *Please note that we cannot be held responsible for any medications unless you have told us about them.*

If you would like to discuss an issue with the Group Teacher leading the trip (Mrs Savory), please telephone the school.

Signature of parent/carer:

Date: