



# St Wilfrid's CE Primary School

Headteacher: Mr Simon Hateley

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## PARENTAL CONSENT FORM

Trip details:

Date of trip:

I wish my son/daughter \_\_\_\_\_ (Child's full name in capitals please)

in \_\_\_\_\_ class to be allowed to take part in the above-mentioned visit and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

I consent to any emergency medical treatment necessary during the course of the visit.

Signed ..... **Parent/Guardian** Date.....

Name:.....(in block capitals please)

Tel. No. Home ..... Work .....

Mobile .....

If not available, please state an alternative contact.

Name ..... Relationship .....

Tel. No. .... Mobile .....

Please advise the school of any changes to the medical information already held by the school.  
Changes to medical information previously supplied

My child has the following illness, allergy or physical disability: .....

.....

Which necessitates the following medical treatment:.....

.....

