



# Heene Church of England (Aided) Primary School

## PARENTAL CONSENT FORM

**RETURN TO OFFICE AS SOON AS POSSIBLE**  
**Wednesday 12<sup>th</sup> September at the latest**

<b>Trip: LONDON MUSEUMS</b>	<b>Date: THURSDAY 20<sup>TH</sup> SEPTEMBER 2018</b>	
I/we give permission for:		
Class:		
to participate in the above-named trip/event and having read the accompanying letter, agree to his/her taking part in any or all of the activities described.		
	<b>YES</b>	<b>NO</b>
I enclose a contribution of £ 11.35		
My child has previously received free school meals or is a Services or Looked After child		
I will provide my child with a packed lunch		
My child would like a school packed lunch (universal and free school meal children only)		
Special dietary requirements? e.g. Vegan/ vegetarian/lactose/gluten Intolerant		
Please specify _____		
We do need parent/carer volunteers for this trip. If you can help please will you give your details and we will contact you. Thank you.		
I would like to offer my time to support my child's class on this visit		
Name:		

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 children, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son, daughter, child/young person for whom I have parental responsibility, arising during or out of the visit. (Note: School Journey Insurance is automatically arranged with Chartis Insurance, through West Sussex County Council, for participating establishments.)

Please give a contact name and telephone number for number for the day of the trip:-

Name: .....

Contact No: .....

Please advise the school of any changes to the medical information already provided. Delete or complete the following as appropriate.

\* No illness, allergy or physical disability

\* The following illness, allergy or physical disability:-

.....

Which necessitates the following medical treatment:-

.....

**\* Please delete as necessary**

Doctor's Name:

Doctor's Address:

Doctor's telephone number:

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

Signed: ..... Date: .....

(Parent/Guardian)

Name: .....

NOTE: Photographs and/or video may be taken that include your son/daughter. Please indicate below to give consent for such pictures to be used for normal publicity purposes including publication on the establishment's website. Please tick the appropriate box:

I DO give consent for photographs/video of my child to be used

☐

I DO NOT give consent for photographs/video of my child to be used

☐

*All personal information will be processed in accordance with the provisions of the  
Data Protection Act 1998 and the General Data Protection Regulations*