

EDUCATIONAL AND RECREATIONAL VISITS
PARENTAL APPROVAL

Residential Photography Trip to Cornwall March 12th – 14th 2016

Name of girl.....Form.....

I authorise members of staff, during the course of the visit, to approve such medical treatment for my child as may be deemed necessary in an emergency and on the advice of a qualified medical practitioner. I set out herewith any medical condition from which she may be suffering, together with details of treatment required and any allergies to which she may be subject:

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Please ensure that this is the address where you can be contacted **AT THE TIME OF THIS VISIT:**

Parent's name.....

Address.....

Telephone no.....

By signing the bottom of this form you will be agreeing to these statements

I consent to my daughter / ward taking part in the activities of the trip which are outlined in the timetable enclosed.

I knowingly allow my daughter / ward to consume a glass of wine (alcoholic) with an evening meal whilst on a school trip.

Parent signature.....Date.....