

# Monkton CEP School CONSENT FORM

Child's Name \_\_\_\_\_ School Trip to:

I wish my son/daughter \_\_\_\_\_ (name of child) to be allowed to take part in the above mentioned school trip 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 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.

**(Note:** School Journey Insurance is available through Adrian Richardson – Technical Officer-Insurance, in Financial Services, Sessions House, County Hall, Maidstone, Kent ME14 1XQ)

Please complete the following as is appropriate\*  
Cross out which does not apply.

**My child has:**

no illness, allergy or physical disability\*

the following illness, allergy or physical disability\*

Date of Birth / /
Name of own Doctor:
Doctor's Address:
Tel:

\_\_\_\_\_ which necessitates the following medical treatment:  
\_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Address \_\_\_\_\_

Telephone No: \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

If you are not available at the above, please state an alternative contact for this day.

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_