

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Chilton Community Primary School

Year 3 & 4

**VISIT(S) TO:** Sutton Hoo

**DATE(S) OF VISIT(S):** Tuesday 15<sup>th</sup> May 2018

I am willing for my child to take part in the above visit(s). I have received and read all the information provided and give consent for him/her to take part in the activities described.

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 and address 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**

- 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:** \_\_\_\_\_

- 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. **Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.**

\_\_\_\_\_  
\_\_\_\_\_

**3. FREE SCHOOL MEALS CHILDREN ONLY**

My child requires a school packed lunch but I need to provide a drink.

**OFFICE USE ONLY: RECEIPT**

**PUPILS NAME** .....

**CLASS** .....

Received with thanks £ \_\_\_\_\_ for the \_\_\_\_\_ trip on

**Signed** .....

**Date** .....