

Hughenden Primary School

Parental Consent for participation in Echoes 9 at the Royal Albert Hall and associated local rehearsals

**Group rehearsals – Thursday 17 June 2021, Adams Park, High Wycombe (tbc)
Dress rehearsal and performances at Royal Albert Hall – Monday 12 July 2021**

I give permission for my child in Year 6 to take part in the rehearsals and public performances for Echoes 9 and have read the information sheet. I agree to my child's participation in the activities described and acknowledge the need for my child to behave responsibly. I confirm that my child is in good health and I consider him/her fit to participate.

I understand that photographs and videos of the project will be used for publicity purposes for the production of Echoes 9. Please tick this box as we need your permission to enable your child to take part.

I enclose my contribution of £25.00 towards the cost of coach transport to the Group rehearsal and Dress rehearsal/Performance and a t-shirt to wear at the performance.

Medical Information

Any conditions requiring medical treatment, including medication? YES/NO

If yes please give brief details and ensure appropriate administrations of medicines form are completed in advance of the visit.

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Please outline any special dietary requirements for your child.

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Parent contact telephone numbers:

Work: Home:

Alternative contact details:

Name: Tel No:

Name and address of family doctor:

Name: Tel No:

Address:

Declaration

I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the class teacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Parent Signature: Date:

Full Name: