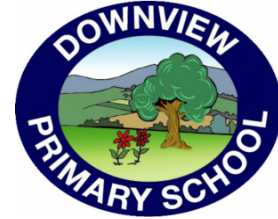


DOWNVIEW PRIMARY SCHOOL

PARENT'S CONSENT FORM



CHILD'S NAME:
CLASS:
VISIT:
DATE:

I give permission for my child named above to take part in the above-mentioned visit, and having read the accompanying letter, agree to him/her taking part.

I have ensured that my child understands that it is important for his/her safety and for that 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 children, 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 activity.

Please delete and complete the following as appropriate:

PLEASE INCLUDE ALL INFORMATION THAT IS CURRENTLY RELEVANT TO YOUR CHILD EVEN IF IT HAS BEEN FORWARDED TO THE SCHOOL ON ANOTHER OCCASION, e.g. The information given when your child started at Downview School.

My child has a) no illness, allergy or physical disability
b) the following illness, allergy or disability:

.....

which requires the following treatment

.....

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

Signed (Parent/Guardian)

Please give a contact name and telephone number **for the duration of the visit.**

Name

Tel. No.

