



Easebourne C.E. Primary School

Tel: 01730 813266 e-mail: office@easebourne.w-sussex.sch.uk

PARENTAL CONSENT FORM

A journey to The Sustainability Centre Date from _____ Date to _____

I wish my son/daughter _____ (Full name of child in capitals please)

to be allowed to take part in the above-mentioned school (or youth centre) journey 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 any instructions given by the staff in charge are obeyed.

I understand that, while the school (or youth group) 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 automatically arranged through West Sussex County Council, for participating establishments.)

Please delete or complete the following as appropriate.

My child (Date of Birth:)

has no illness, allergy or physical disability *

the following illness, allergy or physical disability *

.....
.....

*Cross out which does not apply

which necessitates the following medical treatment:

.....
.....
.....

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

Signed: Parent/Guardian Date:

Home Address: Work Address:

.....

Telephone No. Home: Work:

Mobile No: Email:

If not available at the above, please state an alternative contact:

Name: Relationship:

Telephone No: Mobile No:

(All personal information will be processed in accordance with the provisions of the Data Protection Act 1998)

PTO