

PARENTAL CONSENT FORM

Please find attached to this form, information regarding an off-site activity from this school. Please would you look at that information and, if you wish your child to join the activity, complete, sign and return this form to the person indicated in the information.

School: **TOTTINGTON HIGH SCHOOL**

Journey Details and Dates: **NEW YORK TRIP 12th to 17th FEBRUARY 2016**

Student Name **Date of Birth:**

Home address.....
.....

How could we contact you in the case of an emergency?

Home..... **Work**.....

Alternative (if not available).....

STATEMENT

I acknowledge receipt of the information regarding the proposed activity to **New York from the 12th to 17th February 2016** and consent to my child named above participating. I have enclosed the completed medical form *please tick*

I agree to members of staff giving permission for my child to receive medical treatment in an emergency *please tick*

I agree to my son/daughter receiving any medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present *please tick*

I undertake to inform the teacher in charge of the activity in the event of any changes in my child's fitness prior to the date of departure *please tick*

I have ensured that my child understands, as far as is reasonably possible, that it is important for his/her safety and the safety of the group as a whole that any rules and instructions given by staff in charge are obeyed *please tick*

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 any child arising during or out of the journey *please tick*

Signed **Date**

Please indicate relationship to child

Signed **(Parent/Guardian)**