## PETWORTH COFE PRIMARY SCHOOL PORTSMOUTH DOCYARD ON FRIDAY 23<sup>RD</sup> FEBRUARY 2018

	on/daughter	(name)
		mentioned school visit and having read the information by or all of the activities mentioned.
		nds that it is important for his/her safety and for the ny instructions given by the staff in charge are obeyed.
reasonable ca	are of the children, unless	taff and helpers in charge of the party will take all they are negligent they cannot be held responsible for my son/daughter arising during or out of the journey.
	hool Journey Insurance Po County Council)	olicy of Chartis Insurance UK Ltd is available through
Please delete	e and complete the follow	ing as is appropriate.
My child has	the following illness or	
which necess	sitates the following medic	al treatment:
I consent to a	any emergency medical tre	atment necessary during the course of the event.
Signed		Parent/Guardian
Address	НОМЕ	WORK
Tel. No.	НОМЕ	WORK
If not availab	ble at the above, please stat	e an alternative contact:
Name		Tel. No.