## PETWORTH CE PRIMARY SCHOOL CONSENT FORM FOR VISIT TO CHRIST CHURCH STREATHAM CE PRIMARY SCHOOL ON WEDNESDAY $8^{\rm TH}$ MARCH 2017

I wish my son	n/daughter	(name)
to be allowed	to take part in the above	e mentioned school visit and having read the information any or all of the activities mentioned.
		tands that it is important for his/her safety and for the any instructions given by the staff in charge are obeyed.
reasonable ca	re of the children, unles	staff and helpers in charge of the party will take all sthey are negligent they cannot be held responsible for my son/daughter arising during or out of the journey.
•	nool Journey Insurance I County Council)	Policy of Chartis Insurance UK Ltd is available through
Please delete	and complete the follo	wing as is appropriate.
My child has:	the following illness	•
which necessi	itates the following med	cal treatment:
I consent to a	ny emergency medical tr	reatment necessary during the course of the event.
Signed		Parent/Guardian
Address	НОМЕ	WORK
	ноле	WORK
Tel. No.	HOME	WORK
If not available	le at the above, please st	ate an alternative contact:
Name		Tel. No