

PETWORTH COFE PRIMARY SCHOOL
SKY STUDIOS ON
THURSDAY 8TH MARCH 2018

I wish my son/daughter _____ **(name)**
to be allowed to take part in the above mentioned school visit and having read the information
letter, agree to him/her taking part in any or all of the activities mentioned.

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 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 journey.

(**Note:** A School Journey Insurance Policy of Chartis Insurance UK Ltd is available through West Sussex County Council)

Please delete and complete the following as is appropriate.

My child has: no illness, allergy or physical disability *
 the following illness 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 event.

Signed _____ **Parent/Guardian**

Address	HOME	WORK
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Tel. No.	HOME	WORK
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If not available at the above, please state an alternative contact:

Name	Tel. No.
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