PETWORTH CE PRIMARY SCHOOL CONSENT FORM FOR VISIT TO SOUTHDOWNS PLANETARIUM ON TUESDAY 23rd MAY 2017

Name		Tel. No
If not availab	le at the above, please st	ate an alternative contact:
Tel. No.	НОМЕ	WORK
Address	НОМЕ	WORK
Signed		Parent/Guardian
I consent to a	ny emergency medical tr	reatment necessary during the course of the event.
which necess	itates the following medi	ical treatment:
	the following illness of the Cross out wh	or physical disability * ich does not apply
My child has:	: no illness, allergy or p	physical disability *
Please delete	and complete the follo	wing as is appropriate.
	nool Journey Insurance F County Council)	Policy of Chartis Insurance UK Ltd is available through
reasonable ca	are 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.
		tands that it is important for his/her safety and for the any instructions given by the staff in charge are obeyed.
	•	e mentioned school visit and having read the information any or all of the activities mentioned.
•	n/daughter	(name)