SUFFOLK COUNTY COUNCIL EDUCATIONAL VISITS PARENTAL CONSENT FORM (PC/07)

Year 6 – Crucial Crew Trip

NAME OF CHILD: _____ **CLASS:** _____ **DATE OF BIRTH:** _____

I consent to my child taking part in the visit or the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

My child requires a **school packed lunch**, which I have ordered on The Pantry. ☐

I understand the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: _____

Signed: _____ (Parent/Carer)

PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

Home Address	**Alternative Contact if required**
Name: _____	**Name:** _____
Address: _____	**Address:** _____
_____	_____
Post Code: _____	**Post Code:** _____
Tel: _____	**Tel:** _____
Tel: _____	**Tel:** _____

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

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