

# PARENT'S CONSENT FORM

## MAIDENBOWER JUNIOR SCHOOL

### Year 4 Residential Trip to Lewes 2024 – Southease Youth Hostel

From: \_\_\_\_\_ June to: \_\_\_\_\_ June 2024

Group 1 Group 2 Group 3 (Please circle)



I wish my son/daughter \_\_\_\_\_ (name of child) to be allowed to take part in the above-mentioned school journey and agree to his/her taking part in any or all the activities. I have ensured that my child understands that it is important for his/her safety and the safety of the group that any rules and any instructions given by the staff in charge are always obeyed.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent, they cannot be held responsible for any loss, damage or injury by my son/daughter arising during or out of the journey.

Please complete the following as appropriate:	
My child has no illness, allergy or disability (please tick if appropriate)	<input type="checkbox"/>
My child has the following illness, allergy or disability:	
.. which necessitates the following medical treatment:	

I have completed the forms to the best of my knowledge and consent to any emergency medical treatment necessary during the course of the visit.

Signed \_\_\_\_\_  
Parent/Guardian

Please state an alternative emergency contact:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_