

**PARENT'S CONSENT FORM**  
**BILLINGSHURST PRIMARY SCHOOL**

A residential trip to Lodge Hill

On 10/11<sup>th</sup> November or 17/18<sup>th</sup> November 2016

I wish my son/daughter \_\_\_\_\_ (name of child) to be allowed to take part in the above mentioned residential trip and, having read the information sheet, agree to his/her taking part in any or all of the activities described.

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 young people, 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 Zurich Municipal Insurance Limited 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

Date of Birth:        /    /
Name of own Doctor:
Doctor's address:

\_\_\_\_\_  
\_\_\_\_\_

which necessitates the following medical treatment \_\_\_\_\_

\_\_\_\_\_

I consent to any emergency medical treatment necessary during the course of the visit.

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

Address	Home	Work
Tel No		

If not available by phone, please state an alternative contact:

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

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