

Attached to this form is information regarding an activity. If you wish your child to join in the activity, complete and sign the form and return as indicated in the information.

School: WALTER INFANT SCHOOL		Class
Pupil's name:		Date of Birth:
Home address:		
Home telephone no. (incl STD code):	Other numbers (work or mobile):	
How could you be most easily contacted in an emergency?		
Is your child receiving medical treatment at present? If so please give details:		
Please give details of any medical conditions that might affect your child's performance or safety on this activity (please advise of any infectious illness in the 4 weeks prior to departure):		
Please give your family doctor's name and address:		
Please add any further information on a separate sheet as necessary.		

<p>Statement</p> <p>I acknowledge receipt of the information regarding the proposed activity</p> <p>To</p> <p>On</p> <p>And consent to my child, named above, participating.</p> <p>I agree to staff giving permission for any emergency treatment that the medical authorities deem necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.</p> <p>Signed: Date:</p> <p>Please indicate relationship to child:</p>
