

HILLOCKS PRIMARY AND FOUNDATION UNIT  
SCHOOL

GAINSBOROUGH HALL

Tuesday 23<sup>rd</sup> May 2017

I enclose full payment of £11.50

I agree to \_\_\_\_\_  
taking part in the above mentioned trip and agree to his participation in all  
activities available during the visit.

***I acknowledge the need for obedience and responsible behaviour on my  
child's part.***

I understand that as part of the planned transport arrangements, or in an  
emergency, it may be necessary for pupils to be transported in staff cars.

**Medical Information, declarations and consent.**

Does your child suffer from any conditions of which staff should be aware? If **yes**  
please give details:

**Could you please ensure that any medication needed e.g. inhalers are  
available to be taken on the visit.**

Is your child allergic to any medication? Yes/No

**If yes please give details.**

**I agree to my child receiving emergency medical treatment including  
anaesthetic and blood transfusions, as considered necessary by the  
medical authorities present.**

**I may be contacted by telephone on the day of the  
visit on:**



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Please add any other relevant information on the back of this sheet.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

FULL NAME: \_\_\_\_\_