

HILLOCKS PRIMARY AND FOUNDATION UNIT
SCHOOL

HOLOCAUST CENTRE & MUSEUM

Tuesday 6th June

I enclose full payment of £13.00 I enclose 1st instalment of £6.50

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: _____