

HILLOCKS PRIMARY SCHOOL

CINDERELLA

Wednesday 4th December 2019

- I enclose full payment of £11.50 I enclose £5.00 non refundable deposit
 I have paid £ _____ into the Hillocks School Fund

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: _____