

**SUFFOLK COUNTY COUNCIL - EDUCATIONAL VISITS**

**PARENTAL CONSENT FORM (PC/11)**

**NAME OF CHILD:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SCHOOL:** Hartest CEVC Primary School

**VISIT(S) TO:** Theatre Royal, Bury St Edmunds

**DATE(S) OF VISIT(S):** Thursday 9<sup>th</sup> October 2014

I am willing for my child to take part in the above visit(s). I have received and read all the information provided and give consent for him/her to take part in the activities described.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

**Signed:** \_\_\_\_\_ (Parent/Carer)

**PLEASE COMPLETE THE SECTIONS BELOW**

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

**Home Address**

**Alternative Contact if required**

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

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

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

\_\_\_\_\_

3. I enclose £18.25 full amount or £5 deposit per child to cover the cost of the visit.

Cash  Cheque

Cheques made payable to Suffolk County Council please.

4. I will collect my child after the visit

I am happy for my child to walk / cycle home after the club

I have made alternative arrangements for my child to go home with

\_\_\_\_\_

\_\_\_\_\_