

SEVENOAKS PRIMARY SCHOOL

RESIDENTIAL VISITS AND OUT OF SCHOOL ACTIVITIES

Name of child: Class:

EMERGENCY CONTACT DETAILS (include mobile numbers)

Name:

Relationship:

Home number:

Mobile number:

Name:

Relationship:

Home number:

Mobile number:

Name:

Relationship:

Home number:

Mobile number:

Please also inform us of your medical practitioner:

G.P. Name:

Address:

Telephone number:

Emergency number:

I have read and understand the information regarding this trip and agree for my child to attend.

IMPORTANT NOTICE: Should the necessity arise, I agree to the persons in charge of the party giving consent on my behalf for an anaesthetic to be administered and for any other urgent medical treatment to be given.

Parent's/Carer's signature:

Print Name: Date: