

Please complete and sign the form and return to your child's teacher.

School: Whiteknights Primary School, Fairlawn Green, Shinfield Rise, Reading RG2 8EP		Class:
Pupil's name:		Date of Birth:
Home Address:		
Tel. No. inc. std. Code:		NHS number:
How could you be contacted in an emergency?		
Is your child receiving medical treatment at present? If so give please give details:		
Please give details of any medical conditions that might affect your child's performance or safety on this activity (please advise of any infectious illness in the 4 weeks prior to departure):		
Please give details of any:		
a) Allergies:		
b) Dietary requirements (e.g. vegetarian):		
Please give your family doctor's name and address:		
Please add any further information on a separate sheet as necessary.		

<p>Statement</p> <p>I acknowledge the information already received regarding the proposed activity to the..... , and consent to my child, named above, participating.</p> <p>I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the School of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.</p> <p>Signed:(parent/guardian) Date:</p> <p>Please indicate relationship to child:</p>
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