



Stretton School

Independent Nursery and Preparatory School for Boys and Girls

Established 1969

PARENTAL CONSENT FOR A SCHOOL TRIP

Details of Visit

Date: Friday 16 March 2018

To: Thrigby Hall

Departure time 9.15am
from school:

Arrival time 2.45pm
at school

Cost: £10.00 (cash)

I agree that my child can take part in the school trip.

Medical Information about your child

Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give details below:

.....
.....
.....



Does your child have any food allergies?

YES/NO

If YES, please give details below:

.....
.....

Is your child allergic to any medication?

YES/NO

If YES, please give details below:

.....
.....

When did your child last have a tetanus injection?

.....

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and trip.

Declaration

I agree to my child receiving medication as instructed, and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present.

Contact Numbers:

Land line:

Mobile:

Alternative:

Name of Doctor:

Telephone no:

Signed:

Full Name:

Date: