

PARENTAL CONSENT FORM

Year 6 Trip to Thames Young Mariners, Riverside Drive, Ham, Richmond, Surrey TW10 7RX

I wish my son/daughter _____ (name of child) to be allowed to take part in the above-mentioned school journey and, having read the information booklet, agree to his/her taking part in any or all of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

Please delete where marked * and complete the following as appropriate:

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|---------------------------------------------------------------------------------------------------------|
| My child can/ cannot swim 50m unaided* |
| My child has no illness, allergy or physical disability / the following illness or physical disability* |
| Which necessitates the following medical treatment: |

Please tick

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|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
| I consent to my son/daughter being administered any emergency medical treatment necessary during the course of the visit. | <input type="checkbox"/> |
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| I consent to my son/daughter being given a mild painkiller (paracetamol) if considered necessary by the party leader. | <input type="checkbox"/> |
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| Home address | | Work address | |
| Tel No | | Tel No | |

If you are not available at the above, please state an alternative person who can be contacted

| | | | |
|------|--|--------|--|
| Name | | Tel No | |
|------|--|--------|--|

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|-------------------------|--|-------------|--|
| Signed | | Date | |
| Parent/ Guardian | | | |