



Cheslyn Hay Sport and Community High School

School 40th Celebrations 14th July 2018

Name of Student: _____ Tutor Group _____

I consent to my child taking part in the celebration day and agree to my child coming to school on the day. I understand that my child will need to make their own way to and from school.

I understand the procedures the school has put in place in light of recent events as detailed in the letter to parents dated September 2017 (a copy is available from school or on the website at: <http://www.cheslynhay-high.staffs.sch.uk/parents/trips-and-visits/>)

I accept that the School reserves the right to send my child home at our expense if they jeopardize their safety, the safety of others or the good name of the School.

I have been made aware of the activities to be undertaken, and I confirm that my child is in good health and I consider him/her fit to participate.

In the event of accident, misadventure or illness whilst away from home, I consent to any medical treatment which may be considered necessary given by a qualified medical practitioner.

Water Activities: Please confirm the following – Is your child:

Able to swim 50 metres? **YES/NO** Water confident in a pool? **YES/NO** Safety conscious in water? **YES/NO**

Emergency Contact Information:

Please provide emergency contact names and telephone numbers who will be available during the trip.

1. Name _____ Number: _____

2. Name _____ Number: _____

Additional Medical Information:

In your child's interest, it is vitally important that the organizing staff should know whether he suffers from any illness or disability which may affect his participation, or requires a special diet or medication.

When did your child last have a tetanus injection? _____

Is your child allergic to penicillin, stings, dressings? _____

Please give any details you consider to be relevant. Include any recent accidents or contact with contagious diseases *Please continue overleaf if necessary*

Signed: _____ (Person with parental responsibility)

Print name: _____

Date: _____