

PARENT COPY

Please keep for your records

Hanley Castle High School

and Sixth Form Centre

Church End, Hanley Castle
Worcestershire WR8 0BL

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Email: office@hanleycastlehs.org.uk

www.hanleycastle.worcs.sch.uk

Headteacher: Mrs Lindsey Cooke



CONSENT FORM FOR OFF-SITE VISITS

I agree that my son/daughter: Tutor Group:

May take part in: **HIGH ADVENTURE EXPERIENCE 16-20 JULY 2018**

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

1. Pupils are insured by the school under its School/Academy personal accident and travel insurance policy.
2. Trips organised by external travel companies also carry an additional insurance cover. The trip leader can provide more details if needed.
3. Parents/guardians* must provide staff with telephone numbers (day and night) at which they can be contacted in case of emergency, in particular should urgent medical treatment be necessary.

I have received full information and agree to my child's participation in all outlined activities.

Signed: Date:
(Parent/Guardian)

Address: Telephone Numbers: (including codes)
..... Home:
..... Work:
..... Other:

* Please delete as appropriate

Please return the top two copies to HANLEY CASTLE HIGH SCHOOL
Please keep **parent** copy for your information