



Cardinal Newman Catholic Primary School

Arch Road, Hersham, Surrey KT12 4QT
Telephone: (01932) 222536
Headteacher: Mrs C Burnham
Email: office@cardinalnewmanschool.co.uk



PARENT'S CONSENT FORM

A journey to DORSET from Wednesday 27 March to Friday 29 March 2019

I wish my son/daughter _____
to be allowed to take part in the above-mentioned school journey and, having read the itinerary, 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 and complete the following as is appropriate and return by Wednesday 27 February 2019.

My child has * no illness, allergy or physical disability
* the following illness/dietary need or physical disability:
**Cross out which does not apply*

which necessitates the following medical treatment _____

I consent to any emergency medical treatment necessary during the course of the visit.

I consent/do not consent* to my son/daughter being given a mild painkiller (paracetamol) if considered necessary by the party leader.

**Delete as applicable*

Signed _____ (Parent/Guardian)

ADDRESS	HOME	WORK
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Tel No. _____

Mobile No. _____

If not available at the above, please state an alternative contact.

Name: _____ Tel No: _____



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Please complete and return by Wednesday 27 February 2019

Any medication should be clearly labelled and handed to Mrs Chaudoir or Mrs Fleming **on the day of departure: Wednesday 27 March 2019.**

PUPIL MEDICATION REQUEST

Child's Name _____

Condition or Illness _____

Parent's Home No: _____ **Work:** _____

G.P. _____

Please tick the appropriate box

My Child will be responsible for the self-administration of medicines as directed below.

I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary.

Signed _____ **Date** _____
(Parent/guardian)

Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine
Special Instructions				
Allergies				
Other prescribed medicines child takes at home				