

<b>School:</b> WILLOW BANK INFANT SCHOOL		<b>Class or tutor group</b>
<b>Pupil's name:</b>		<b>Date of Birth:</b>
<b>Home address:</b>		
<b>Home telephone no. (incl STD code)</b>	<b>Other numbers (work or mobile)</b>	
<b>How could you be most easily contacted in an emergency?</b>		
<b>Is your child receiving medical treatment at present? If so please give details and please let us know if this information changes at any time throughout the school year:</b>		
<b>Please give details of any medical conditions that might affect your child's performance or safety on this activity (please advise of any infectious illness in the 4 weeks prior to departure):</b>		
<b>Please give your family doctor's name and address:</b>		
<b>Please add any further information on a separate sheet as necessary.</b>		

**Statement**

**I consent to my child, named above, participating:**

**in.....off-site CURRICULUM or SPORTING ACTIVITIES** between 6th September 2016 and 25th July 2017  
**on.....dates to be confirmed to parents in writing prior to each event**

**I agree to staff giving permission for any emergency treatment that the medical authorities deem necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.**

**Signed: ..... Date: .....**

**Please indicate relationship to child: .....**