

CHANNING SCHOOL

Highgate,

London N6 5HF

Telephone : 020 8340 2328

Fax number : 020 8341 5698

Teacher in Charge: Mrs R Harper

PARENTAL CONSENT

*To be returned, when completed, to the School Office at the above address by **Monday 6 June***

NO MEDICAL TREATMENT CAN TAKE PLACE UNLESS YOU FILL OUT THESE DETAILS IN FULL. CHANNING SCHOOL CANNOT BE HELD RESPONSIBLE IF RELEVANT, ACCURATE INFORMATION IS NOT PROVIDED.

VISIT: Year 7 Activity Day at Stubbers, Saturday 17 September 2011

1. I agree to my daughter _____ (name in block capitals) taking part in this visit. I have received written details of the activities involved.
2. I authorise members of the supervisory staff to approve such essential medical treatment for my daughter as is deemed necessary in an emergency on the advice of a qualified medical practitioner, which might include the use of anaesthetics and/or blood transfusion.
3. I agree to impress upon my daughter the necessity to behave responsibly. I understand that there can be no absolute guarantee of safety but appreciate that the school leaders of the visit will do everything practicable to ensure the safety of everyone on the visit.

NAME OF PARENT <i>(in block capitals)</i>		
Home Address		
Telephone Number(s)	Home	
	Mobile	
<i>If you will not be at home during the Activity Day, please indicate here any other address and telephone number where you can be contacted.</i>		
Doctor's Name and address		
Doctor's Telephone number		

Please complete page 2 of this parental consent

4. If there is any medical or other relevant information of which the group leader should be aware, please indicate fully in the space below.

(i) Does your daughter have any relevant **medical conditions** or **illnesses**?

Please tick (✓) the appropriate box

- YES (*If YES, please give details below*)
 NO

(ii) Does your daughter require any **medication** during the day?

Please tick (✓) the appropriate box

- YES (*If YES, please give dose in current use below*)
 NO

(iii) Is your daughter allergic to any **medication/food / or unable to eat certain foods**?

Please tick (✓) the appropriate box

- YES (*If YES, please give details below*)
 NO

(iv) Will your daughter require a **vegetarian diet**?

Please tick (✓) the appropriate box

- YES
 NO

Signed

Date