

**CHANNING SCHOOL**  
**Highgate, N6 5HF**

Telephone : 020 8340 2328

Fax number : 020 8341 5698

*Teacher in Charge Peter Williamson*

PARENTAL CONSENT

**To be returned, when completed, to the teacher in charge of the expedition, at the above address**

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

**EXPEDITION/VISIT: Maths in Action at the Institute of Education Date of Visit Tuesday 6 December**

1. I agree to my daughter \_\_\_\_\_ (name in block capitals) taking part in this expedition/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** (in block capitals)

Home Address

Telephone Numbers

Home

Work

Mobile

*If you will not be at home during the activity, please indicate here any other address and telephone number where you can be contacted*

Doctor's Name and address  
and telephone number

Signature of parent:

Date

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) Illnesses which your daughter may have:
- (ii) Medication plus dose in current use:
- (iii) Any medication/food which your daughter is allergic to or may not take: