



TO YEAR 6 TEACHERS

PARENTS CONSENT FORM
ST LAWRENCE CEP SCHOOL

I give permission for my child _____ class _____

to go on the trip to Wakehurst Place on Thursday 21st March 2019 and take part in any or all of the activities described in the attached letter. I enclose (please tick):

- A completed consent form
- Cash/cheque* (made payable to St Lawrence School) for £13.50
Please enclose the correct amount as we are unable to give change.

* Please delete as appropriate.

I confirm there has been no change to the medical or contact details that the school already holds for my child.

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

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.

I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey. (Note: The school has taken out a School Journey Insurance Policy with ACE European Group Ltd details of which are available, if required.)

Signed _____

Date _____