

# WESTBOURNE ACADEMY- EDUCATIONAL VISITS

NAME OF CHILD: \_\_\_\_\_ FORM: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL: WESTBOURNE ACADEMY

VISIT(S) TO:

DATE(S) OF VISIT(S):

I have received and read details of the above visit(s). I consent to my child taking part in the visit(s) and the activities indicated. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the visit.

I have read any information provided with regard to the standard of behaviour and/or code of conduct expected during the visit and I undertake to reinforce this information with my child.

I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is: \_\_\_\_\_

\_\_\_\_\_

I undertake to pay the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

Signed: \_\_\_\_\_ (Parent/Carer)

## PLEASE COMPLETE THE SECTIONS BELOW

1. Please give your home address and contact phone numbers. If you will be away from home during the visit please give an alternative address where you, or a relative or friend acting for you, can be contacted.

### Home Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

### Alternative Contact if required

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

2. In your child's interest, it is important that the organising staff should know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying staff should be aware. Please indicate here also if your child is receiving medication, with details and dosage, and/or has any specific dietary requirements.

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**(Payment required by ParentPay online)**

Office Use Only:

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