

Brabourne Church of England Primary School



Name of child.....

Date of Birth.....

I consent /do not consent for my child to go on the visit to Pizza Express and Flip Out, Ashford on Tuesday, 26th February 2019.

In the event of an accident I hereby give consent for the teacher in charge of pupils to have the authority to agree to the administration of an anaesthetic, or urgent medical treatment on my behalf.

I have listed below any allergies or medical conditions that the school should be aware of:

- 1)
- 2)

I have listed two contact numbers in case of emergencies:

- 1).....
- 2).....

Signature of Parent.....

Date.....