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**GLOBAL TRIP INDEMNITY, CONSENT AND HEALTH FORM**  
**CURRICULUM TRIPS, SEPTEMBER 2009 – JULY 2010 (to be taken on trip)**

I wish my son/daughter .....(name) in Class .....  
to be allowed to take part in any curriculum trips, the details of which will be notified to  
me separately.

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 trip 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 on the trip.

Please delete and complete the following as appropriate

Date of Birth:.....Doctors name:.....

Address & telephone number of surgery:.....

My child has:

- No illness, allergy or physical disability  
 The following illness or physical disability .....

which necessitates the following medical treatment.....

Does your child suffer from travel sickness: YES / NO  
Has your child received vaccination against Tetanus in the last ten years YES / NO

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

Signed.....(Parent/Guardian)

Date: .....

Emergency contact details while on trip:

Name:.....Relationship:.....

Address:.....

Telephone number:.....Mobile:.....

