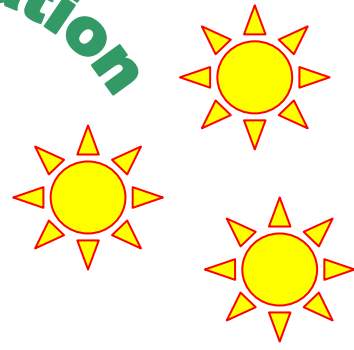


Sherborne Care And Play Association Sherborne Primary School



PARENTAL CONSENT FORM FOR VISITS/TRIPS/OUTINGS

Please complete in block capitals and return to SCAPA

Name of child/children: _____

I have read details of the proposed visit/s I have enrolled my child/children into during the holiday period and I agree to my child/children taking part in the visit/s and the activities involved.

I agree to pay any extra charges that might be incurred for the visit/s as stated on the programme.

My son/daughter does suffer with travel sickness.... **Yes No (please circle)**

In the unlikely event of an accident I agree to my child receiving medical treatment if necessary: I understand that the party leaders will do their best to contact me prior to any such treatment.

I accept that the County Council, the school or their representatives, cannot be held liable for any loss of personal effects or money.

Signed _____ Parent / Guardian Date _____

Please print _____

Emergency contact telephone number _____

Sherborne Primary School
Harbour Way Sherborne Dorset DT9 4AJ
School office: Tel: 01935 812619 Fax: 01935 817943
SCAPA Office: Tel: 01935 810001 [opening times only]
Email: office@sherbornepri.dorset.sch.uk Website: www.sherbornepri.dorset.sch.uk
Headteacher: Mr I Bartle BA Ed (Hons) NPQH