

CONSENT OF PARENT OR GUARDIAN FOR YOUNG PERSON'S PARTICIPATION IN ORGANISED EDUCATION/RECREATIONAL VISIT

Re: Planned trip to: Cineworld Harlow (Queensgate)
Date of Trip: Friday 9th November 2018 (9.15am-12.30pm)

I apply to you for a place on this visit, the details of which have been received and noted by me, for my son/daughter/ward

..... (Full Name of student)

1. I accept that my child must comply with Academy attendance and behavior, policies and if they are withdrawn from the visit at any time prior to the trip taking place on grounds of poor behavior, or attendance.
2. I also agree to members of staff during the course of the visit to approve such medical treatment for my child as is deemed necessary in an emergency on the advice of a qualified medical practitioner. **I set out below any medical condition from which my child is suffering, together** with details of the treatment required.
3. I also attach details of special dietary requirements due to medical, religious or moral reasons.
4. I understand and accept that the activities in this visit will involve an element of risk. I agree and consent to my child taking part in the activities which have previously been explained to me.
5. I agree/disagree to my child being photographed and the photos being displayed on the Academy website, Twitter feed or notice boards or into the local press or Mark Hall Newsletter.

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| Signed: (Parent/Carer) | |
| Full name of Student: | |
| Emergency Contact Number: | |
| Email Address of parent/carer: | |

MEDICAL DETAILS WE OUGHT TO KNOW and SPECIAL DIET REQUIREMENTS?