



Residential visit to High Ashurst, 17-19 November 2021 Permission Form

Child's name: _____

Permission

I give permission for my child to attend the Residential visit to High Ashurst. I have read the information provided and agree to my child taking part in the activities organized by High Ashurst.

In consideration of Surrey County Council and Mrs Willemse, Head of Oakfield Junior School allowing my child to join the proposed educational visit as detailed above and of Mr James Treen, party leader, undertaking to take my child in the said party from 17th to 19th November 2021.

I agree to indemnify Surrey County Council its employees and agents from and against all liability for personal injury loss of or damage to property and any other loss, damage, costs and expenses whatsoever, caused otherwise than by the negligence of Surrey County Council its employees or agents.

I shall ensure that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

Medicines

Please sign your name next to each medicine you are happy to allow staff attending the residential to administer to your child.

Medicine	Signature
Plasters	
Sterile dressings	
Liquid Paracetamol (eg Calpol 6+)	
Antihistamine cream / spray	
Sterilised water eye wash	
Antiseptic spray / wipes	

In the event of sudden illness or accident requiring emergency treatment

I authorise Mr James Treen to sign on my behalf any written form of consent required by the hospital authorities.

During the period of the residential trip, I can be reached at (address) _____

Phone daytime _____ evening _____

Signature _____ Date _____

Parent / Carer full name _____