

Music Festival at Wadebridge Showground

25th June 2019

I consent to my child attending the above named activity. **The coach will be leaving school at 8.30am so please ensure pupils are in school for registration at 8.20am. They will return to school by 3.30pm. School uniform to be worn and a coat provided.**

1. I consent to any emergency medical treatment required by my child during the course of the day.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment **OR** my child suffers from..... (e.g. diabetes, asthma). **(Delete as appropriate)** If your child suffers from a particular complaint, please enclose a letter detailing the complaint and its treatment.
3. **I do/do not** consent to photographs of my child being taken which may be used in school or on the website.

Signature of Parent/Guardian Date.....

In the event of an emergency please enter below the names and telephone numbers of two people you would like us to contact.

First Contact	Second Contact
Name.....	Name.....
Telephone Number	Telephone Number