

Westende Junior School
Re: Y5 Chiltern Open Air Museum – 1st April 2022

I do / do not give permission for _____ Class _____
to go on the above educational visit.

Emergency Telephone number for day of visit _____

On date of visit will your child be requiring any medication? If so, please give details.

(Please include Epipen, Asthma Inhaler, etc)

Any other medical condition which may affect your child's performance/safety on this activity.

Family Doctor's name and telephone number for emergency purposes only: _____

I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.

I have paid the voluntary contribution of £22.65

Please tick method of payment

I have paid by Credit/Debit card via ScoPay

I enclose cheque (please make cheques payable to Westende School Fund)
in a sealed envelope with pupil(s) name and class

Signed _____ Date _____