



# St Benedict's Catholic High School

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Headteacher: Mr T P Sara  
Deputy Headteacher: Mr J M Nallen

Assistant Headteachers: Mrs M Deeks  
Mrs C Wilks



Maths & Computing



APPLIED LEARNING

## DAY TRIPS MEDICAL CONSENT AND EMERGENCY PERMISSION

I wish my son/daughter to be allowed to take part in the journey mentioned below and, having read the information provided, agree to his/her taking part in any or all of the activities described.

I understand that, while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the school journey.

I, ....., give consent to the medical examination of my  
**(YOUR NAME IN BLOCK CAPITALS PLEASE)**

son/daughter when necessary whilst he/she is taking part in the visit, and I request that any operation or any other measures considered necessary by a medical authority for his/her diagnosis and treatment shall be performed, and I hereby give my permission for such operation or other measures to be carried out in an emergency only, and for the administration of a general anesthetic if necessary.

Please complete the following:

SCHOOL VISIT TO .....

ON ..... (dates)

CHILD'S NAME ..... FORM .....

EMERGENCY TELEPHONE NUMBER .....

ANY OTHER MEDICAL CONDITIONS WE SHOULD BE AWARE OF.....  
.....

SIGNATURE (PARENT/CARER) ..... DATE .....

