

Hollingbourne Primary School



“A learning community– developing hearts and minds”

4th September 2019

Consent form for Young Voices- 5th February 2020

Child's Name:

DOB

Emergency contact **names and numbers:**

1.

2.

Any known health issues/ medical conditions:

Please state medications needed for the day. Please state name of medicine and dosage given.

In case of a medical emergency I consent to my child receiving treatment including anaesthetics.

I consent to my child attending this trip.

Signed: _____ Printed: _____ Date: _____