



RETURN BY: 16th March 2026

WESTFIELD PRIMARY SCHOOL

Form of Parental consent for a child to take part in an educational visit or school journey (except residential trips). This form will not be used to update any new details -please contact the office in person if any details have changed.

Windsor Castle 21st May 2026

I give permission for my son/daughter:

First Name _____

Surname _____

Class _____

to be allowed to attend and take part in the Windsor Castle Trip.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

Please delete and complete the following as is appropriate:-

My child has **no illness, allergy or physical disability***
the following illness or physical disability*

** Cross out which does not apply*

which necessitates the following medical treatment

I consent to any emergency medical treatment necessary during the course of the visit.

I consent/do not consent* to my son/daughter being given a mild painkiller (e.g. paracetamol) or suncream if considered necessary by the party leader. *** Delete as applicable.**

GP's Name _____ Telephone No: _____

Address _____

I will be responsible for updating the school if the above information changes

Signed _____ Parent/Guardian

Address:	Home	Work
	_____	_____
	_____	_____
	_____	_____

Telephone No: _____

If not available at the above, please state an alternative contact:

Name: _____

Telephone No: _____