



Park Wood Junior School
Deanwood Drive, Rainham, Gillingham, Kent. ME8 9LP

Permission and Medical Form

Location of visit: London Aquarium
Dates of visit: Thursday 5th October 2017
Name of Child: _____
Emergency Contact number of Parent/Guardian for use on the above date(s):

Name of Doctor: _____
Address of Doctor: _____

Telephone Number of Doctor: _____
Known Allergies: _____
Medical conditions: _____

I give permission for my child _____ to take part in the school trip to London Aquarium. I have read and understand the accompanying letter.

Should the necessity arise I give permission for the teacher in charge of the trip to act in *loco parentis* and agree to appropriate medical attention being given in the case of an accident or sudden illness.

Signed _____ Date _____._____._____