



# West Byfleet Junior School

Camphill Road, West Byfleet, Surrey KT14 6EF  
Telephone: 01932 348961 Email: office@west-byfleet-junior.surrey.sch.uk  
Headteacher: Lesley Lawrence

Name of Child: \_\_\_\_\_

Class: \_\_\_\_\_

## Year 5 Residential Trip to Hindleap Warren, Monday 20 – Friday 24 September 2021

I give consent for my child to attend the residential trip (referred above). I have read the attached information and agree to **him/her** taking part in all or any of the visits and activities described therein.

I am aware that for journeys in school hours apart from accommodation charges, all contributions are voluntary and I agree to make such contributions up to the amount indicated in the attached information.

I certify that so far as I am aware my **son/daughter** is medically fit to undertake this journey and associated activities and there are no known health reasons why **he/she** should not do so. *(If your son/daughter suffers from any medical condition which, whilst not affecting his/her ability to undertake the journey, you consider the Party Leader should be aware of, details will be required and requested nearer the time of departure).*

I authorise medical treatment to be provided should this become necessary during the course of the visit.

I understand that if the school takes the decision to return my child home from the trip for **any reason** (e.g. health, unacceptable behaviour) that I must arrange my affairs to allow prompt collection of him/her from the facility. I understand the school are unable to refund in this instance.

I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

**I hereby give permission for my son/daughter to attend the Hindleap Warren Residential Trip 20 - 24 September 2021**

I have paid/will pay the £40 deposit online via School Money by MONDAY 19 APRIL 2021   
**(Please note a deposit is required to secure your child's place on the trip)**

I understand that by signing this consent form I will be liable to settle the cost of the trip in full. If for any reason my child does not attend or stay for the duration of the trip, I **will still be liable to settle the cost of the trip in full.**

If the trip is cancelled due to Government restrictions in place at the time of the trip, I understand that I will receive a full refund of monies paid.

I understand the final costing and a payment schedule will be given to me shortly.

Please ensure this form is returned complete to the school office by TUESDAY 20 APRIL 2021.

Parent/guardian signature: ..... Date: .....