



# Bury St Edmunds Academy Trust Horringer Court Middle School

## Horringer Court Middle School – Educational Visits Parental Consent Form (PC/07)

Permission for:

### ANY DAY VISITS DURING THE SCHOOL YEAR – DURING SCHOOL HOURS

- I consent to my child taking part in any day visit during the school. I acknowledge that the staff will be liable in the event of any accident, only if they have failed to take reasonable care of my child during the visit.
- I agree with the expected standard of behaviour as stated in the school's policy and accept that any major breach on the part of my child will result in them being returned to school.
- I consent to my child receiving medical treatment that, in the opinion of a qualified medical practitioner, may be necessary.

My child's doctor's name and address is:

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Telephone number: \_\_\_\_\_

I undertake to provide the required sums by whatever date(s) are specified to me and accept that, in respect of any withdrawal from the visit, for whatever reasons, there will be no refund of the whole or part of the payment(s) made unless the circumstances are covered by travel insurance or otherwise at the discretion of the school governors.

**Signed:**

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(Parent/Carer)