Mrs Laura Ellener, Headteacher
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Chiswick School Parental Agreement

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School visit to: PGL Marchant's Hill, Hindhead, Surrey
Dates of visit: 12th October to Wednesday 14th October 2026
Teacher in Charge – Ms K Emmett, Miss Tirbhowan

Full name of pupil _____

Home address _____

Contact Name_____ Telephone No. _____

Emergency Telephone No _____

I, the parent/guardian of the pupil names above:

Hereby give permission for the pupil to attend the visit detailed, between the dates shown above, or between such other dates (including an extension of time) as may be substituted therefore:

Note that the School and the teacher named above are not liable for any claim or claims of whatsoever nature arising during the visit referred to above by virtue of the attendance of the pupil except incidents arising from the negligence of the School or its staff;

Warrant that the information given (overleaf) is correct to the best of my knowledge;

Agree that the said teacher named above (or any other teacher who may from time to time be in charge of the visit) may act on my behalf in all matters affecting or concerning the pupil. I understand that all reasonable efforts will be made to contact me before taking any action, but in particular cases this may not be possible.

Agree to the School making any further enquiries that it considers necessary to establish whether the pupil is medically fit to participate in the visit referred to above in the light of any information given overleaf. In the event of the School deciding, in its absolute discretion, that the pupil is not medically fit to participate, I understand that any sum paid by me in respect of any costs or expenses of the journey will be refunded to me in full (less a deduction covering administrative expenses and deposit).

****Dietary requirements*** **- Please inform us of any dietary requirements which you feel relevant:**

Details of illness or hospital treatment

Please insert below details of any illness or hospital treatment suffered or undergone by your daughter/son within the past two years or any pre-existing medical condition. If there are none, please mark 'None'.

Dates of illness or duration of stay in hospital (approximate if necessary)	Nature of condition or type of illness	Name and address of hospital (if appropriate)	Name and address of doctor or surgeon

Tetanus

Has your daughter/son had an anti-tetanus injection within the past 10 years?

☐Yes. If yes, please give approximate date:_____

☐No

Infectious diseases

To the best of my knowledge has your child been in contact with anyone suffering from an infectious disease during the past three weeks or has there been any infectious disease in the house during that time?

☐Yes. If **yes**, please give approximate date:_____

☐No

Known allergies

Please give below a list of substances including drugs, foodstuffs and other substances to which your daughter/son has suffered an allergic reaction at any time.

Does your child have an epipen for this allergy?

☐Yes ☐No

Does your child suffer from hayfever?

☐Yes ☐No

Asthma

Does your daughter/son suffer from asthma?

☐Yes ☐No

Does your child have an asthma pump?

☐Yes ☐No

Please provide any other information that we need to know

Medication

If your daughter/son requires any medication during the journey, it is your responsibility to provide drugs in a suitable container which is clearly labelled with her/his name, the name of the drug, dosage and frequency to be given, as prescribed by your doctor/dentist. An adequate supply must be provided to cover the whole of the trip, if necessary.

Any student who requires it, will not be able to take part without their current/relevant prescribed medication.

Do you give permission for us to give your child:

Paracetamol

☐Yes ☐No

Ibuprofen

☐Yes ☐No

Suncream

☐Yes ☐No

Signed: _____ (Parent/Guardian) Date: _____