COPTHORNE
PREPARATORY SCHOOL

COPTHORNE PREP SCHOOL
Summer 2019 Camping CONSENT FORM

Child's Name: _____

I authorise my child to attend the school camping evening at Copthorne Prep School on:

(Please tick below the option as appropriate).

Thursday 6th June	**Year 4 -**	**All night** ☐	**Until 8pm** ☐
Thursday 13th June	**Year 5 -**	**All night** ☐	**Until 8pm** ☐
Tuesday 18th June	**Year 6 -**	**All night** ☐	**Until 8pm** ☐

- **I can supply a tent** ☐ **which sleeps ……. people**
- **I cannot supply a tent** ☐

I agree to authorise members of staff to administer first aid treatment as is deemed necessary in an emergency or medical treatment on the advice of a qualified medical practitioner.

(Medication should be handed into their form tutor on the day of the camp).

Please give details below if medication will be required:
……
……
……

I understand that normal school rules apply during this activity.

*Please return this form to the Prep office or your child's form tutor by **TUESDAY 4 JUNE** for them to take part in this activity.*

Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

Headmaster - Chris Jones B.Ed (Hons)
Copthorne Preparatory School, Effingham Lane, Copthorne, West Sussex RH10 3HR
01342 712311 office@copthorneprep.co.uk www.copthorneprep.co.uk
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