

Name and address of child's doctor

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anesthetics

Emergency contact numbers for the day of the visit:

Name of Parent/Carer Home

Work Mobile

I confirm that I have parental responsibility for the child named above and consider him/her to be in good health and capable of taking part in the above activity.

I consent to him/her taking part in the visit.

Signed Print name

Child's Name Class

I have paid online £15.00

Lunchtime arrangements: Please indicate which meal option you are choosing.

- Bringing own packed lunch
- School Picnic - Ham
- School Picnic - Cheddar Cheese

I can help in this trip and confirm I have a current DBS certificate.

I can help on this trip but will need to apply for a DBS certificate.