

Visits and Outings Form

Name of Visit/Outing: _____

Date of Visit/Outing: _____

Trip Coordinator: _____

Child's Name: _____ Date of Birth: _____

Emergency Contact Number: _____

I hereby consent to my child participating in the above event.

Signature of Parent/Carer: _____ Date: _____

I have completed and attached a medication request form Yes N/A

To be complete in cases where children are not returned to school

The person collecting my child is _____

Relationship to child _____

Please note that your child will not be handed over to another adult without your consent.

Please return this form to the class teacher along with payment by:

If you have any questions or comments, please get in touch with the Trip Coordinator or Mrs Ronan.

Your child will not be able to attend this event if you do not complete and return this form by the date indicated.

If your child is involved in a serious incident while on the trip, a delegated member of staff will contact you immediately on the above emergency contact number.

In the event that my child requires immediate medical treatment before I will be able to get to the hospital, I hereby authorise a delegated member of staff, to consent to emergency medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact Forest Park School to withdraw it.

Signature of Parent/Carer: _____ Date: _____