

### Off Site Activities and Trips Consent Form

We will be organising a trip to ..... on  
.....(name of a child)..... has expressed an interest in coming. Please complete and detach the lower half of this form and return it to the teacher. Fees payable by .....by a bank transfer if you would like your child to join us.

#### Details of the Trip

|   |
|---|
| Destination: .....                        |
| Contact Tel: .....                        |
| Depart from: .....at.....                 |
| Return to: .....at.....(approx.)          |
| Cost: .....per child                      |
| Other details: .....                      |
| Please bring: .....                       |
| Please arrive 15 minutes before departure |

Please detach and return the slip below by \_\_/\_\_/\_\_

✂.....✂.....✂.....✂.....✂.....✂

Child/ren's name(s): .....

Destination: ..... on .....

Name of Carer/Parent (block capitals): .....

Address: .....

Home Tel: ..... Daytime Tel: .....

Emergency Contact Tel: .....

Please indicate any medical, dietary or other needs of your child that we should know of:

.....  
.....

Further information (eg. swimming ability, etc):  
.....

#### Declaration

I consent to my child/ren attending the above trip. I consent to my child receiving medical treatment in an emergency.

I understand that whilst every effort will be made to safe guard belongings Gen. Anders Polish Saturday School cannot be held responsible for loss or damage to the child/ren's possessions during the trip.

I have no objection to my child having their face painted / having suncream applied / getting wet (enter as particular to trip).

Signed..... Date \_\_/\_\_/\_\_