

INTEGRACYJNA SZKOŁA SOBOTNIA INTEGRATIVE SATURDAY SCHOOL BRISTOL

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 byby 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:

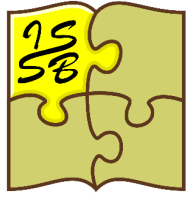
.....

.....

Further information (eg. swimming ability, etc):

.....

Declaration



INTEGRACYJNA SZKOŁA SOBOTNIA
INTEGRATIVE SATURDAY SCHOOL
BRISTOL

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 __ / __ / ____