

# Forest Park School 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: \_\_\_\_\_

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: \_\_\_\_\_