

Emergency Contact details:

First Contact	Second contact
Name	Name
Relationship to child	Relationship to child
Home phone number	Home phone number
Mobile phone number	Mobile phone number

Emergency Consent Form

I agree to my son / daughter taking part in the activities.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I consent to any emergency treatment as necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) to be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Name of Child.....

Parent / Carer Signature..... Date.....

Radios, stereos, mp3 players & game consoles

Please note these items are not allowed to be taken to activities. The centre and St John's accepts no responsibility for loss, breakage or misuse of this equipment. The children may bring these items with them for the coach journey however these items will be the sole responsibility of the children.

Under no circumstances are mobile phones allowed on this trip. The school will send updates via the school web site and or text messaging service.

Name of Child.....

Parent / Carer Signature..... Date.....

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Name of child _____

Childs home address

Name and address child's own Doctor

Tel: _____

Pre-school boosters

 Yes No

Medical & Dietary information (Vegetarian, diabetic, asthma, travel sickness allergies to anything (e.g. antibiotics, plasters, or any such medicines, any particular food, etc.) If you require more space please write on the reverse of this form.

Medical condition:

Medication:

Special dietary requirements:

Bed wetting: Yes / No

Swimming ability: Less than 25m / 25m – 50m / 50m plus