**Al-Risalah Nursery**

**PARENTAL CONSENT AND INDEMNITY FOR A SCHOOL VISIT**

Day and Date of Outing Monday 5th July 2021

Visit to West Wittering Beach

**Declaration**

I agree to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part in the above trip.

I have read the information sheet. I agree to his/her participation in the activities described and acknowledge the need for him/her to behave responsibly.

Medical information about your son/daughter.

Please give details below if your son/daughter

(a) has any medical conditions requiring treatment, including

(b) has any special dietary requirements.

(c) has any allergies, including food and medication.

You must inform the Group Leader of any changes in the above information prior to departure.

Name of family doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel:

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I understand that the cost of the trip in the amount of £25.00 is **non-refundable in any circumstance.**

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Full name (CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (daytime)

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