



CONSENT FORM FOR DAY TRIPS and OUTINGS
ORGANIZED BY FIZ SUMMER HALF TERM HOLIDAY CLUB
 Tuesday 30 May 2017 – Friday 2 June 2017



Please complete the following information. One copy will be kept in a FIZ file and one given to a trip leader.
If the information should change before the outing/trip commences, please inform us immediately.

Pupil's Name: _____ Form: _____

Does your child have any special dietary requirements? Yes/No (if yes please give details below:

Does your child have any on-going medical condition that the group leader should be aware of? Yes/No (if yes please give details below:

Does your child have any known allergies? Yes/No (if yes please give details below:

In the event of an accident, the leader of the party may consent on my behalf to the administration of an anaesthetic or any treatment as may be deemed necessary, if I cannot be contacted.

The School will not accept any liability for any loss or damage, howsoever caused, whether direct or indirect, financial, economic, consequential or otherwise and in particular, it will not accept responsibility for the acts or omission of third parties.

Parent/Guardian Emergency contact numbers:

Daytime: _____ Mobile: _____

Alternative Emergency Contact:

Name: _____

Daytime: _____ Mobile: _____

Parent/Guardian's Signature: _____

Print Name: _____ Date: _____

