



Consent Form for Special Outings/Activities/Residentials

Name of organisation: Engage

Details of trip/outing/activity: Jump Revolution(Yr 6-9) Ice Skating(Yr10+) & lunch

Date: 30.11.19 Venue: Jump Revoluton, HopeCafe, Nottingham Ice Rink Time: 9am - 4pm

Method of Transport: Walking / Cars

Departure Point & Time: Leaving Hope Cafe at 10.15am to walk to Jump Revolution, returning at 12.30pm. Year 10+ should arrive for lunch at 12.30pm

Collection Arrangements : Year 6-9 to be collected from Hope Cafe at 1.15pm, Year 10+ to be collected from Hope Cafe at approximately 5pm.

I note the arrangements and give permission for _____
to take part in this trip/outing/activity.

Please indicate details of any known medical conditions, allergies, special needs or requirements: _____

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a nominated first aider, if available. I understand that every effort will be made to contact me as soon as possible

.....

Signature of person with parental responsibility _____

Relationship to child _____

Contact Telephone Numbers: Home _____

Mobile _____