**COMMUNITY FOUNDATION SUMMER SCHEME DAY TRIP CONSENT FORM**

I would like my child to attend (please tick)

|  |  |
| --- | --- |
| WM Safari Park & Ride Wed 22nd Aug 2022 depart 9.00am & return at 7:00pm |  |

**Please complete all sections of the form**

Child(ren’s) Name…………………………………… Date of Birth…………………………………………..…Gender……………..…

Please add below other family members (from the same address that will be attending the trip). All children must be accompanied by one or both parent.

|  |  |  |
| --- | --- | --- |
| Full Name | Age | Relationship to child |
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Address--…………………………………………………………………………………………………………………………………………………………..

Tel…………………………………………………………………… Email……………………………………………………………………..

Emergency contact: Name……………………………………….…… Number ……………………………………………………………………………………..

Medical Requirements/ Illnesses………………………………………………………………

Is your child allergic to any food (If yes, please state)……………………………………………………………………….………

Does your child suffer from travel sickness………………………………………………………………………………..………………

I confirm my child is registered on the Summer scheme and will be attending the daily activities between 2nd Aug – 25 Aug 2022

I enclose a non-refundable payment of…………………………. (Please make any cheques payable to: Community Foundation). (Child attending summer scheme is free. Price for parent/sibling per person are as follows:

**Safari Park & Ride £20.**

Guardian/Parent’s full Name……………………………………………………………

Relationship to child……………………………………………………………….…………………………………

Signed…… …………… Date…………………………………………………

**Please return form to: info@thecommunityfoundation.org.uk**

**Community Foundation Quayside Tower, 11th floor, 252-260 Broad Street B1 2HF**

**Tel: 0121 643 6490 / 07918 546 577**