



## EXTERNAL TRIP CONSENT FORM

<b>TRIP DESTINATION &amp; TRANSPORT TYPE</b> e.g. bus/train/walk			
<b>DATE</b>		<b>DEPARTURE TIME</b>	
<b>PERSON IN CHARGE</b>		<b>ARRIVAL TIME</b>	
<b>OTHER STAFF ON TRIP</b>			

Dear Parent/Carer

We are going on the above trip. Please complete your child/children's information below and sign. By signing you confirm that:

- I give consent for my child/children listed below to attend the above trip as detailed
- I give consent for the person in charge to give the immediate necessary authority on my behalf for any medical treatment recommended by competent medical authorities
- Where my child has a medical condition/disability that may affect their involvement in this activity I have made the named person in charge aware
- Where my child has a regular medical condition (e.g. disability/asthma/allergy), specific dietary requirements or requires prescribed medication (e.g. antibiotics) I have completed the required forms
- I am the person with parental responsibility for the child/children listed and against which I have signed

Regards  
Brighouse SOS Management Committee and Staff

Name of Child (one per row)	D.O.B	Emergency Contact 1	Tel	Emergency Contact 2	Tel	Print Name	Signed

**Notes:**