CONSENT FORM FOR DAY TRIPS and OUTINGS
ORGANIZED BY FIZ HOLIDAY CLUB in 2018/2019 Academic Year

You do not need to fill this Form if you have already completed one in this academic year, unless previous information has changed.

Please complete the following information. One copy will be kept in a FIZ file and one given to a trip leader. If the information changes 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:

________________________________________________________________________________________

________________________________________________________________________________________

Does your child suffer from travel sickness? Yes/No If yes please give details below:

________________________________________________________________________________________

I agree that 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’s Signature: ________________________________________________________________________________

Print Name: ____________________________________________ Date: ________________

Parent/Guardian Emergency contact numbers:
Daytime: ____________________________________________ Mobile: ____________________________

Alternative Emergency Contact:
Name: ________________________________________________________________
Daytime: ____________________________________________ Mobile: ____________________________

Relationship to child: ________________________________________________________________________________________