**Parental/Guardian Consent Form for trip/outing to...................................................**

1. Child's Name: ..........................................................................................
2. Parent/Guardian’s Name: ..........................................................................
3. Phone number:.............................................................................................

I (Parent/Guardian) ............................................................grant permission for my child..............................................., to participate in this.....................................................

This event/activity will take place under the guidance and direction of Play

Together staff members:

First Aid provider-....................................................................................................

1. The date and the expected time of departure and return .............................................................................................
2. A description of the proposed destination/activities: .........................................................................................................................
3. The method of transport that will be used, if any.........................................................................
4. The anticipated number of children likely to be going on the outing:.......
5. The adult: child ratio on the outing (check the risk assessment) ......................
6. Any adults/volunteer other than staff member who will accompany and supervise the children on the outing:.....................................................
7. Additional information about clothing and extra food for child:

..................................................................................................

The risk assessment for that outing has been carried out and is available at the service.

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:**

in the event of an emergency, i hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. i wish to be advised prior to any further treatment by the hospital or doctor. in the event of an emergency and you are unable to reach me at the above numbers, contact:

Name:

Phone number:

Relationship:

Family doctor:................................phone:

**Specific Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc.):

Special diet? ................

Any physical limitations?.............

Is your child subject to chronic homesickness, emotional reactions to new situations, bedwetting, fainting?

You should be aware of these special medical conditions of my child:

Parents signature:

Date: