

Residential trip to Kingswood, Wednesday 11th – Friday 13th October 2023:
dietary needs and emergency contact information:

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| Name of child: |
| Dietary needs or information: |
| Emergency contact 1: |
| Name: |
| Telephone number: |
| Emergency contact 2: |
| Name: |
| Telephone number: |

Name/Signature of person giving consent for participation in this residential trip:

Name (please print): _____

Relation to child: _____

Signature: _____ Date: _____