

Residential trip to Kingswood, Wednesday 16th – Friday 18th October 2024:
dietary needs and emergency contact information:

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: _____