

Creations

After school club
Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **London Eye**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

In an emergency if we cannot get in contact with you, please provide the details of whom you would like us to contact in your absence.

Contact

Full Name ----- Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

Parent /legal guardian's consent:

- I hereby agree that my child can take part in activities at the club, including trips when applicable
- Although there will be a fifteen seat minibus, in the event of a breakdown would parents/guardians consent to children being transported in staff members personal vehicles, as a last result via minicab.
- I consent to emergency first aid treatment on my child if necessary
- I authorise the staff of the club to sign any written medical consent on my behalf, if any delay in getting my signature would endanger my child's life
- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature----- Date -----

Creations

After school club
Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **Thorpe Park**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

Parent /legal guardian's consent:

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- I consent to emergency first aid treatment on my child if necessary
- I authorise the staff of the club to sign any written medical consent on my behalf, if any delay in getting my signature would endanger my child's life
- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature-----

Date -----

Creations

After school club Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **pizza making**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

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- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature-----

Date -----

Creations

After school club Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **Wicked**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

Parent /legal guardian's consent:

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- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature-----

Date -----

Creations

After school club Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **Wacky warehouse**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

Parent /legal guardian's consent:

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- I authorise the staff of the club to sign any written medical consent on my behalf, if any delay in getting my signature would endanger my child's life
- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature-----

Date -----

Creations

After school club Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **Ceramic cafe**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

Parent /legal guardian's consent:

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- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature-----

Date -----

Creations

After school club
Children's outing Consent form

Name of child/ren -----

-----Is invited on a trip to **Wembley stadium Tour**

On the Date of -----

Leaving am pm Returning at -----

Whilst on this trip they will be under supervision of Creations staff

Children will need

Packed lunch Entry price----- Spending money: **Optional**

If you would like your child to attend this trip, please complete the consent form below and return it with the costs to creations after school club by

Address-----

----- Postcode -----

Contact Telephone No----- Work/mobile -----

Emergency

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Contact

Full Name -----Number 1-----

GPs Details (please provide as much details as possible) -----

----- Tele -----

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- I consent to my child being taken for trips to the park /library

I give permission for my child to go on the trip to-----

Name of parent/ guardian /carer (print)-----

Signature----- Date -----