



**Newlands and Kirkurd Out of
School Club
Newlands School
Romanno Bridge
West Linton
EH46 7BZ**

Outings Permission Form

Full Name of Child _____

Nature of Outing **Term Outings**

Person Responsible for Outing **Manager**

Travel Arrangements **Minibus and/or staff**

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for _____ (name of child)

to join the outings throughout the term of Newlands and Kirkurd Out of School Club.

Medical Information

Does your child suffer from any conditions requiring medical treatment including medication? If YES, please give brief details.

Is your child allergic to any medication? If YES please specify.

Has your child received a tetanus injection? YES/NO

Does your child have any special dietary requirements? If YES please specify.

I undertake to inform the chairperson/manager of any change in the medical circumstances between the date signed and the commencement of the visit.

Name, address and telephone number of family Doctor

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

I agree for my child to travel in the vehicle provided on the understanding that both the vehicle and driver are fully insured, that the vehicle is roadworthy, and that my child uses the appropriate child restraints (seatbelts and car seats) fitted in the vehicle.

Full name of child _____

Address _____

Contact Telephone Number _____

Name of parent/guardian _____

Signature _____

Date _____