DECLARATION

I give permission for my child, ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to attend the trip to Carlisle and to participate in all its activities. I give permission for him/her to enter United Kingdom by plane, and for any transportation by bus or otherwise for any of the trips’ activities.

 I understand that while involved in the trip away my child will be under the control and care of the team of adult leaders, and while these staff will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during or as a result of the trips’ activities. In the event of an emergency, I understand that staff will make every effort to contact me, and I agree for my child to receive any medical/dental treatment including an anaesthetic if it is required.

 (PARENT/GUARDIAN)

SIGNED:

PRINT NAME:

DATE:

PHONE:

EMAIL: