



## **Visits and Outings Form**

Name of Club      Southwell Afterschool Club CIC

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Telephone Number of Club

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Name of Visit/Outing

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Date of Visit/Outing

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Child's Name

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Date of Birth

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Any Relevant Medical Conditions/Info:

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Allergies

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Dietary Requirements:

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Any Other Relevant Information:

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Parents/Carers Name

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Address:

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Emergency Contact Number

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Child's Medical Number

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I hereby consent to my child participating in the above event.

Signature of Parent/Carer:

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Date

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Please return this form to:

The setting supervisor

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By

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If you have any questions or comments, please get in touch with the Manager. Your child will not be able to attend this event if you do not complete and return this form by the date indicated.