

## Newquay Zoo Trip

Thursday 25<sup>th</sup> April

My child ..... **WILL/WILL NOT** be attending the Newquay Zoo visit on **Thursday 25<sup>th</sup> April**.

I will meet you at Camelford Leisure Centre at 9.10am and collect at 3.20pm.

**OR** please cross out one

I will take my nursery child and meet you at Newquay Zoo at 10am.

1. I consent to any emergency medical treatment required by my child during the course of the day.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment **OR** my child suffers from..... (e.g. diabetes, asthma). **(Delete as appropriate)** If your child suffers from a particular complaint, please enclose a letter detailing the complaint and its treatment.
3. I do/do not consent to photographs of my child being taken which may be used in school or on the website.

Signature of Parent/Guardian ..... Date.....

*In the event of an emergency please enter below the names and telephone numbers of two people you would like us to contact, if you cannot be reached at your home telephone number.*

First Contact	Second Contact
Name.....	Name.....
Telephone Number .....	Telephone Number .....