

## Seahorses visit Porfell Wildlife Park

27<sup>th</sup> June 2019

I consent to my child ..... attending the above named activity.

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.*

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