

# Climbing Barn

## July 11<sup>th</sup> & 25<sup>th</sup> 2019

### Dolphins Class

I **wish/do not wish** my son/daughter s.....to be allowed to take part in the above-mentioned activity.

1. I consent to any emergency medical treatment required by my child during the course of the session.
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 will pay £6 towards the travel cost.
4. Please make sure they are wearing suitable clothing and foot ware for climbing in and will need a packed lunch and drinks. There is a shop there if they want to bring a small amount of money.

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

*In the event of an emergency on the day of the visit, 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.....  Telephone Number .....	Name.....  Telephone Number .....