

MAPLE CLASS FOLLY FARM VISIT CONSENT FORM

22nd - 23rd May 2018

Child's name: _____

I give permission for my child to attend the visit to Folly Farm on Tuesday 22nd and Wednesday 23rd May 2018.

Emergency contact name: _____

Telephone number: _____

2nd contact (if 1st not available): _____

Telephone number: _____

Doctor's name: _____

Surgery number: _____

Please detail any medical conditions/allergies/medication:

Please detail any dietary requirements, ie. allergies, intolerances:

Signed: _____

Print name: _____

Date: _____