

## TASC/SCHOOLS OUT PERMISSION SLIP

**CHILDS NAME:**

**CHILDS ADDRESS:**

**DATE OF BIRTH:**

**SCHOOL ATTENDED:**

Does your child have a medical condition? Yes/No

If yes what is the condition? .....

If your child is on any medication please give details .....

.....

Is your child allergic to anaesthetics? Yes/No

Does your child have any allergies? (Please specify) .....

Can we apply plasters? Yes/No

Can we apply suncream? Yes/No (Please refer to our suncream policy)

In the event of an emergency I agree to my child receiving MEDICAL/DENTAL attention. I can be contacted at:

Name: ..... Relationship:.....

Address:.....

Phone No's: Home: ..... Work: ..... Mob:.....

Alternatively Contact:

Name: ..... Relationship: .....

Phone No ..... Mob.....

Name: ..... Relationship: .....

Phone No ..... Mob .....

I give consent to my son/ daughter to take part in all the activities offered in the holiday programme. I understand that the programme can change at short notice and that my child will be travelling by foot, bus, train or ferry.

Signed .....Date..... Relationship to Child.....