

Residential trip to Kingswood, 12<sup>th</sup> – 16<sup>th</sup> September 2022: dietary needs and emergency contact information:

Name of child:
Dietary needs or information:
Emergency contact 1:
Name:
Telephone number:
Emergency contact 2:
Name:
Telephone number:

Name/Signature of person giving consent for participation in this residential trip:

Name (please print): \_\_\_\_\_

Relation to child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_