



Gerrards Cross (Dukes Wood) LTC

Trip and activity consent form

I **do/do not** (please delete as appropriate) give permission for my child:

_____ (child's full name)

to attend the following trip/activity: _____

Signed		Date:	
Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home		
	Mobile		
	Work		
Email address			

Further emergency contact details, if different from above:

Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home		
	Mobile		
	Work		
Email address			





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Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

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Please return this form to:

Name (please print)	
Address or instructions for returning form	

LTA Child Protection
T: 0208 487 7008/7116
M (24 hour): 07971 141 024
E: childprotection@lta.org.uk
www.LTA.org.uk/childprotection

