



**'Black Country Living Museum' Parental/Guardian Consent Form**



A visit to the **Black Country Living Museum** has been organised for 4–9 year olds on **Saturday 3<sup>rd</sup> May 2008**, as part of the forthcoming National Youth & CE Convention. The subsidised cost for the trip is £6:00, which includes travel, entrance fee and a packed lunch. Check in at the Bethel Convention Centre will be at 9:45 am and the children will return at 4:00 pm. Spaces are limited.

Please ensure your child is suitably dressed for outdoor activities and do not send toys, mobiles or valuables as we will not be responsible for losses and damages. On the day of the trip the team leader will accept an envelope with your child's name on it, containing up to £5 pocket money to spend at the museum's gift shop.

Please complete a separate form for each child that you would like to attend the outing and then return your form/s with payment to your District/Local Youth Director by the 23<sup>rd</sup> March 2008.

**REGISTRATION FOR THIS TRIP WILL NOT BE PERMITTED AT THE CONVENTION.**

*\*All parents/guardians must be contactable on one of the emergency numbers requested below, for the duration of visit. This will make it a lot easier for staff to contact you in the event of an emergency.*

✂. . . . .

**Black Country Living Museum**

**Please write in black ink using block capitals.**

Child's full name: . . . . . Male/Female

Home address: . . . . .

. . . . . Postcode: . . . . .

Home telephone number (including STD code): . . . . .

Date of birth: . . . . . NHS number: . . . . .

*\*Emergency contact numbers:*

1: . . . . . Relationship to child . . . . .

2: . . . . . Relationship to child . . . . .

Please give details of any medical conditions (e.g. asthma, diabetes, allergies, dietary needs) or disability that may be affected by this activity:

. . . . .

I give consent to any medical treatment that may be necessary in the event of an emergency.

I will ensure my child brings any prescribed medication, e.g., inhalers.

I have read the above information, confirm that all details are correct to the best of my knowledge and

I am able to give parental consent for the above named child to participate in this activity.

Signature: . . . . . Parent/Guardian

Print name: . . . . . Date: . . . . .