

**Tiny Tim's Purple Planet**

<b>Child's name:</b>		<b>Class:</b>
<b>YES</b>	<b>NO</b>	I give my permission for my child to take part in the educational visit detailed above.
<b>YES</b>	<b>NO</b>	My child has a medical condition (please include asthma) requiring regular medical treatment or medication. <b>If yes, give brief details:</b>
<b>YES</b>	<b>NO</b>	In the event of an emergency, I agree to my son/daughter receiving emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
<b>EMERGENCY CONTACT NAME (please list in order you wish them to be contacted in the event of an emergency)</b>		<b>Relationship to child:</b>
1.		<b>Contact number:</b>
2.		
<b>Signed (parent or legal guardian):</b>		<b>Date:</b>