

Dear Parent/Guardian,

As you are aware your son/daughter engages with SSYI/Romsey Mill. As part of their involvement with us, we are inviting them to attend a trip. The details of the trip are given below. If you are happy for your son/daughter to attend, please complete the consent form overleaf and return to Sophie Hurst.

The trip details are:

- Activity:** Cinema
- Date:** Monday 22nd August 2022
- Travel and timings:** Meeting at the Vue cambridge, times and film to be confirmed. If anyone has any suggestions please message the SSYI instgram chat.
- Destination:** Vue cinema, grafton centre, Cambridge, CB1 1PS
- Cost:** £10
- Staff contact details:** Sophie Hurst, 07704232274, sophie.hurst@ssyi.club

Your son/ daughter has shown interest in attending this trip and, should you be happy for them to come along, we require you to complete and return the consent form (overleaf).

Should you have any further questions please do not hesitate to contact Sophie Hurst, Youth Worker for SSYI.

**CONSENT FORM**

This form must be completed by the parent/guardian of any person under the age of 18, or by the participant if over 18, before they may participate in the trip to Vue cinema *22nd August*

**PERSONAL DETAILS**

Participant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female

I agree to my son/daughter having the opportunity to participate in this trip. High levels of supervision will be given throughout the trip.

**MEDICAL INFORMATION**

Does your child suffer from:

Yes No

Asthma

Epilepsy

Allergic reactions (incl reaction to penicillin)

If you answered yes to any of the above please give details:

Is your child currently undergoing any treatment from the doctor/hospital in relevance to this trip? (please explain)

Yes  No  Details:

Please give details of any major illnesses/operations (in relevance to this trip) your child has had previously:

\_\_\_\_\_

I agree to my son/daughter receiving emergency medical treatment including anesthetic considered necessary by medical authorities present.

Family doctors name and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EMERGENCY CONTACTS FOR THE DURATION OF THE TRIP**

Name: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s)

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

**INSURANCE**

I understand that SSYI/Romsey Mill is covered in the event of accidents caused by their negligence, but SSYI/Romsey Mill does not provide personal insurance for participants.

SIGNATURE (Parent/Guardian): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_