Wednesday 22nd March

Dear Parent / Guardian,

We are running a trip to Laser Quest on Thursday 13th April 2023.

We will meet at Laser Quest for 3:40pm in order to be ready for the session to start at 4pm.

To apply for a place on the trip, please fill in the attached consent form and return it to us - places will be assigned on a first-come, first-served basis.

Meeting point: Laser Quest, 15-18 Biggin Street (entrance on edwards road), CT16 1BD

When: Thursday 13th April, 3:40pm

Cost: £5

If you have any questions please contact us on the number above.

Kind regards,

Kirsty McMahon

Programme Co-Ordinator

I (Parent / Carer name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to

(Young person name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taking part in the trip to Laser Quest.

**Medical information about your child:**

My child is in good physical health and I consider him/her fit to participate. **YES/NO**

Do they have **ANY** conditions requiring medical treatment, including medication? **YES/NO**

If **YES** please give brief details:

|  |
| --- |

Is your child allergic to any medication/food/nuts/bee stings etc?

If **YES** please give details:

|  |
| --- |

**Photographic Release**

I hereby give Pie Factory Music and those staff who act on behalf of this organisation, the right and permission to use, re-use and/or publish photographic material/video footage of my child whilst participating in activities.

I further agree that those who act on behalf of Pie Factory Music may use these materials for any promotional, educational or internal recruiting purposes, without limitations, reservations and compensation.

| Yes |  | No |  |
| --- | --- | --- | --- |

**Declaration**

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the qualified medical authorities present.

| Home telephone number: | |  |
| --- | --- | --- |
| Emergency contact – if different from above | |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_