

ST MARK'S, ARMAGH

Consent Form to participate in a trip to Murlough Beach & Newcastle (Co. Down)

Departing at 4pm from The Crozier Hall, Armagh and travelling by Car
Return approx. 10pm

Participant's full name _____

Date of Birth : _____

Parent / Guardian Full Name : _____

Address : _____

Emergency Contact Number : _____

GP's Name and Telephone Number : _____

Any Known Allergies / Medical Conditions / Medications : _____

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child to be given hospital treatment, including anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Photographs may be taken for publicity purposes (in print and online) . Please indicate your permission for photographs to be taken : Yes No

Parent / Guardian Signature : _____

Date : _____

***NB : Please send money for take away dinner and dress for the outdoors.
Please contact Malcolm Kingston in advance to book a place (028 37522970
or email : malcolm.kingston@icloud.com)***