ICE CARD (in case of emergency whilst on visits/outings) Name: _____ Date of Birth: Address: Photo of child / adult E-Mail Address: Any Relevant Information Medical Conditions/Allergies/medications: Emergency Contact Name: Emergency Contact Number: Child's Medical Number, GP, name of practice, telephone number: I hereby consent to my child going on local outings (journeys of any distance will require my consent in writing beforehand). The information provided here may be used in the event of an emergency. Parents/carers will be contacted at the earliest convenience. ICE CARD (in case of emergency whilst on visits/outings) Name: _____ Date of Birth: Address: Photo of child / adult E-Mail Address: Any Relevant Information Medical Conditions/Allergies/medications: Emergency Contact Name: Emergency Contact Number: Child's Medical Number, GP, name of practice, telephone number: I hereby consent to my child going on local outings (journeys of any distance will require my consent in writing beforehand). The information provided here may be used in the event of an emergency.

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