



Ysgol Gynradd Eglwys yng Nghymru Gwenfô

Gwenfô Church in Wales Primary School

CHILD CONSENT FORMS

Child's Name: _____

Class: _____

Trip Information

Date of Trip: _____

Departure Time: _____ Arrival Time: _____

Visit to: _____

Cost of Trip: _____

Contact Details

Home Contact Number: _____

Emergency Contact Number: _____

Additional Information (If Required):

Consent Signature – Visit and Emergency Medical Treatment.
