



OUTING INDEMNITY

Outing to

Date **20**

I, name of parent

delegate my authority as parent/guardian of

Name of child

to the responsible member(s) of staff from **Little Corner House Montessori Nursery** who will oversee the class travelling to the above destination on the above date.

I understand and accept that excursions shall be undertaken at my own risk. I understand, indemnify and absolve **Little Corner House Montessori Nursery**, the owners and staff against any claim that may arise in connection with the course of this excursion.

I acknowledge that the member(s) of staff act in *loco parentis* during the excursion. If urgent medical treatment is required for my child, I consent to it being given. Should my child need transport they may be transported by another parent or teacher with the same indemnity applied to the driver, school, owner and teachers. Children must be secured with a seatbelt. You may supply your child's car seat to be used in the car in which they will be travelling. A car seat might not be available for your child.

We will leave at **H** and return by **H**

Please return this completed form by **20**

My child will need transport Yes No

I can assist with transport Yes No

I can transport children

Signed at

Date **20**

Parent's Signature _____