



مدرسة جيمس جوميرا الابتدائية  
GEMS JUMEIRAH PRIMARY SCHOOL  
A GEMS SCHOOL

**PARENT PERMISSION**  
***RESIDENTIAL TRIP – Absolute Adventure***

I \_\_\_\_\_ Parent/Legal Guardian  
Of \_\_\_\_\_ Class \_\_\_\_\_

give permission for my child to attend the above trip. Whilst I am aware that every care will be taken by JPS staff in transporting and supervising my child, I shall not hold them responsible or take legal action against them in the unfortunate case of accidental injury or for circumstances beyond the control of those organizing the event unless caused negligently. Furthermore, I confirm that JPS has my full emergency contact details and my child's up-to-date medical history.

I understand that participation on school trips is an additional and valuable activity for my child and I agree to pay the full amount of the trip.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ \*

**Residential visits are subject to final Ministry of Education approval.**

**OVERNIGHT SCHOOL TRIP**

It is a requirement that the information below is completed and returned to school for all children who are going on overnight journeys out of Dubai.

**Name of Child** \_\_\_\_\_ **Class** \_\_\_\_\_

**Telephone Numbers: Home:** \_\_\_\_\_

**Mum Mobile:** \_\_\_\_\_ **Dad Mobile:** \_\_\_\_\_

**Emergency Contact during the school trip: Phone** \_\_\_\_\_

**Please list any allergies / medical issues / food intolerances which we should be aware of**

---



---

**ACCIDENTS AND EMERGENCIES**

In the event of an accident or illness while on the trip, I give consent for Absolute Adventure staff to initiate first aid and to take my child to the closest appropriate hospital for medical/surgical treatment if deemed necessary.

**Signature (Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_ \*

**(\* Signature required)**