

TRIP: Geography Trip to Iceland

DATE: 20-24 August 2017

NAME OF PUPIL:

HOUSE:

Parental Statement

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I consent to my son taking part in the above trip.

I understand that there will be a charge of £1500, including a £600 deposit, which is non-refundable. The deposit should be sent, via cheque, along with this consent form. The remaining charge will be added to the Lent term bill, payable at Easter.

I accept that the School reserves the right to send my son home at my expense if he jeopardises his safety, the safety of others or the good name of the School.

I give permission for my son to consume alcohol, under supervision, with a meal and in accordance with the School rules:

YES/NO*

Medical and Emergency Information ...*please delete as appropriate

- The medical details held by the School are up to date: **YES/NO***
 - Any updated medical information follows (please fill in):

- The Contact phone numbers held by the School are up to date: **YES/NO***
 - New Number (please fill in):

- In the event of a parent not being available the following emergency contact should be used:
 - Name (please fill in):

 - Number (please fill in):

Name (and signature if hard copy):

Date:

Please return to: AMY ATKINSON

by: Friday 13 January 2017

If returning parental consent electronically please attach/insert this to your email.