

# DAY TRIP PARENTAL CONSENT FORM

**Title of Trip: CBSO Concert**

**Location: Birmingham Symphony Hall**

**Date: 22 January 2015**

Name of pupil: .....

House: .....

I consent to my son taking part in the above day trips.

I understand that the charge of £15 will be added to the school bill.

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

Signed .....

Print name .....

Date: .....

## **Medical and Emergency Contact Information:**

**We will rely on the information on the school database unless you notify us otherwise in the space below.**

**Medical:** .....

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**Emergency Contact Number:** .....

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**Please return this form to:**

**Mrs C Hardiman**  
**([caren.hardiman@abingdon.org.uk](mailto:caren.hardiman@abingdon.org.uk)) asap**