

**DAY TRIP PARENTAL CONSENT FORM**

**Title of Trip:** Play 'Merchant of Venice'

**Location:** Almeida Theatre, London

**Date:** 21 January 2015

Name of pupil: .....

House: .....

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

I understand that the £35 charge for this will be added to the 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: Miss Rachel Yarrow or son's English teacher a.s.a.p.**