

DAY TRIP PARENTAL CONSENT FORM

Title of Trip: 'All My Sons'

Location: Oxford Playhouse

Date: 17/03/2015

Name of pupil:

House:

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

I understand that the £17 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: Mr S Evans
Masters' Common Room by Thursday 12 February**