

**TRIPS: Parental Consent Form**

TRIP: Lower Sixth Biology Field Trip – Orielton FSC

DATE: 1-3 May 2017

**NAME OF PUPIL:****HOUSE:****Parental Statement**

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

I understand that by returning this consent form with my deposit cheque that I am liable for the whole cost of the trip; full cost £255 (Deposit £50; Balance on April Bill £205).

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 enclose a deposit cheque for £50

**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: Mrs McRae / Mr Bliss in Biology by: Monday 30 January 2017**