Date: Saturday 20 September

DAY TRIP PARENTAL CONSENT FORM

Location: Abingdon School

Title of Trip: GCSE Big Sculpt Workshop

Medical and Emergency Contact Information: Name of pupil: We will rely on the information on the school database House: unless you notify us otherwise in the space below. I consent to my son taking part in the above activity Medical: 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 **Emergency Contact Number:** Please return this form to: Emily O'Doherty ASAP Date: