## • RESIDENTIAL TRIP PARENTAL CONSENT FORM.

Title of Trip: U6th Geography Field Trip to Studland, Dorset.

Date of Trip: Sunday 5 October to Monday 6 October 2014

Name of pupilHouse	
	Please provide two emergency contact names and telephone numbers who will be available at the time of the trip.
I consent to my son taking part in the geography field trip to Studland Bay to collect geographical data.	1. Name
	Number:
I understand that the charge of £85.00 will be added to the end of term bill.	2. Name
	Number:
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.	3. Emergency telephone number if parents are unavailable:
Signed	In your child's interest, it is vitally important that the organizing staff should know whether he suffers from any illness or disability which may affect his participation, or requires a special diet or medication.
Print name	When did your son last have a tetanus injection?
Date:	Please give any details you consider to be relevant and include any recent accidents or contact with contagious diseases.
	Pleases return this form by <b>Friday 26 September</b> at the latest – eithe by post, via your son or email.