Date: Friday 5 December 2014

## **DAY TRIP PARENTAL CONSENT FORM**

Location: Sheldonian Theatre, Oxford

Title of Trip: CHRISTMAS CONCERT

	1
Name of pupil:	Medical and Emergency Contact Information:
House:	We will rely on the information on the school database unless you notify us otherwise in the space below.  Medical:
I consent to my son taking part in the above day trip	
I understand that the charge for this will be met by the Music Dept.	
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.	
<ul> <li>Re supper (please tick one):</li> <li>My son will return home for supper</li> <li>My son will go to a friend's home for supper</li> <li>My son has permission to go into Oxford to find supper</li> <li>My son should be supervised while finding supper in Oxford</li> </ul>	Emergency Contact Number:
<ul> <li>Re end of concert (please tick one):</li> <li>I shall make arrangements for collecting my son</li> <li>My son needs transport back to school</li> </ul>	
Signed	
Print name	
Data	