Date: Friday 5 December 2014

## **DAY TRIP PARENTAL CONSENT FORM**

**Location: Sheldonian Theatre, Oxford** 

Title of Trip: CHRISTMAS CONCERT

Name of pupil:	Medical and Emergency Contact Information:
House: Lower School.	We will rely on the information on the school database unless you notify us otherwise in the space below.
I consent to my son taking part in the above day trip	Medical:
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.	
The Concert begins at 7pm and should end at about 9.15pm.	Emergency Contact Number:
At the end of the concert (please tick one)	
<ul><li>I shall make arrangements for collecting my son.</li><li>My son needs transport back to school</li></ul>	
	Please return this form to Music Office as soon as possible and by Monday 1 December at the latest.
Signed	
Print name	
Date:	