

DAY TRIP PARENTAL CONSENT FORM

Title of Trip: L6th Geography Trip to Christchurch Bay

Date: Monday 28 September 2015

Name of pupil:

House:

I consent to my son taking part in the above day trips

I understand that the £15 charge for this will be added to the bill to cover the cost of coach hire for the day.

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

Print name

Date:

Medical and Emergency Contact Information:

We will rely on the information on the school database unless you notify us otherwise in the space below.

Medical:
.....
.....
.....

Emergency Contact Number:

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Please return this form to me, at school, as soon as possible and at the latest by Monday 21 September or by email to ian.fishpool@abingdon.org.uk

Thank you.