

DAY TRIP PARENTAL CONSENT FORM

Title of Trip: Christmas Concert

Location: Sheldonian Theatre, Oxford

Date: Friday 4 December 2015

Name of pupil:

House:

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

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.

At the end of the concert (***please select one***):

- My son will travel home un der my arrangements *or*
- My son will need transport back to Abingdon 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:

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Emergency Contact Number:

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Please return this form to:

Electronically: cfc@abingdon.org.uk

Or on paper to Music Office *by Friday 27 November*