

**DAY TRIP PARENTAL CONSENT FORM**

**Title of Trip:** Oxford Utd vs Carlisle

**Location:** Kassam Stadium

**Date:** 12 December 2015

Name of pupil: .....

House: .....

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

I understand that the £6 charge for this will be added to the bill.

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:**

.....  
.....

**Please return this form to:**

Mr T.J.Donnelly  
Teacher i/c Football  
Abingdon School  
Park Road  
Abingdon  
OX14 1DE

**By Wednesday 2 December**

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