

DAY TRIPS: Parental Consent Form

TRIP: MUNMSJ Conference

DATE: Saturday 18 November 2017

NAME OF PUPIL:

HOUSE:

Parental Statement

I consent to my son taking part in the above trip:

I understand that the charge of £45 will be added to the bill:

I accept that the School reserves the right to send my son home at my expense if he jeopardises his safety, the safety of others or the good name of the School:

YES/NO*

Medical and Emergency Information

- The medical details held by the School are up to date: **YES/NO***
 - Any updated medical information follows:(please fill in)...

- The Contact phone numbers held by the School are up to date: **YES/NO***
 - New Number:(please fill in)...

- In the event of a parent not being available the following emergency contact should be used:
 - Name:(please fill in)...

 - Number:(please fill in)...

* delete as appropriate

Please return to: Mrs Kathy Yarker by: Monday 30 October 2017

If returning parental consent by email please attach or copy and paste this completed form into your email.