

DAY TRIP PARENTAL CONSENT FORM

Title of Trip: 4th Year Geography Field Day

Location: Oxford

Date: Thursday 11 June

Name of pupil:

Set: Please circle ICF MJP RSS RJG-B RJG-S

House:

I consent to my son taking part in the above day trip.

I understand that the £5 charge for transport costs 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:

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Emergency Contact Number:

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Please return this form to the set teacher via your son – at the latest by Wednesday 3 June.

Thank you.