

**DAY TRIP PARENTAL CONSENT FORM**

**Title of Trip: Hampton Court Palace**

**Location: HCP**

**Date: 25 June 2015**

Name of pupil: .....

**Medical and Emergency Contact Information:**

House: .....

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

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

**Medical:** .....

I understand that the £25 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 .....

**Emergency Contact Number:** .....

.....

Print name .....

**Please return this form to: Mr M Edgar**

Date: .....