

**DAY TRIP PARENTAL CONSENT FORM**

**Title of Trip:** 3<sup>rd</sup> year visit to Cass Foundation

**Location:** Goodwood

**Date:** Tuesday 5 July 2016

Name of pupil: .....

House: .....

I consent to my son taking part in a trip to The Cass Foundation sculpture park on **Tuesday 5 July 2016**

I Understand that the charge of £10 will be added to my son's bill for this trip.

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.

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 your son's art teacher before Friday 24 June**