

DAY TRIP PARENTAL CONSENT FORM

Title of Trip: Hampton Court Palace

Location:

Date: 30 June 2016

Name of pupil:

House:

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

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

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: David McGill by half-term.

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