**Trip: *A-level Music composition masterclass at the Royal Hospital School***

**Date(s): Wednesday 24 November, 2021**

I would like to confirm interest in my son or daughter having a place on this trip and agree to make the initial deposit or payment and any necessary additional payments as outlined in the accompanying information letter if my child has their place confirmed. I accept that, once a place on the trip has been confirmed, all payments are non-refundable unless another student is able to take the place instead.

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| --- | --- | --- | --- | --- | --- |
| **Student name** |  | | **Form** | |  |
| **Home address**  **inc. postcode** |  | | | | |
| **Home telephone no.** |  | | | | |
| **Student mobile** |  | | | | |
| **Parent name** |  | | | | |
| **Parent mobile** |  | | | | |
| **Additional Emergency Contact:** | **Name** | **Number** | |  | |

**Medical and Dietary Information**

Please give details below of any medical conditions from which the student suffers and any medication they will be taking. We need to be aware of any, and all, pre-existing conditions that apply. Please also note any special dietary needs or other information that you feel appropriate.

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**Please tick this box if there are no medical conditions to disclose** 🞎

**Office Use Only 🞎**

I also agree to authorise members of staff to approve medical treatment for my child including anaesthetic as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Person with parental responsibility]

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where the student will be aged 18 or over at the time of the trip they must also counter sign this form:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_