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Trip: **The Play that Goes Wrong**

Date(s): **Thursday 27 April 2023**

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.

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.

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: _____