

Official Sensitive - Brentwood Academies Trust T/A St Martin's School fully complies with information legislation. For full details on how we use your personal information please see our online privacy notice <https://www.st-martins.essex.sch.uk/privacynotice> or call 01277 238300 if you are unable to gain access to the internet.

**Trip: Rampaging Chariots Competition, Leonardo UK.**  
**Date: Saturday 6 July 2019**

I have read the letter and accompanying information for parents giving details of this visit and consent to my son/daughter taking part. I would like to confirm interest in my son/daughter having a place on the visit and agree to make the initial deposit payment and any necessary additional payments as outlined in the accompanying information letter if my son/daughter 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.

**General Information:**

<b>Student name</b>		<b>Form</b>	
<b>Home address inc. postcode</b>			
<b>Date of birth</b>			
<b>Gender</b>			
<b>Home telephone no.</b>			
<b>Student mobile</b>			
<b>Parent name</b>			
<b>Parent mobile</b>			
<b>Additional Emergency Contact:</b>	<b>Name</b>	<b>Number</b>	

**Medical and Dietary Information**

Please give details below of any medical conditions (including asthma, eczema etc.) from which the student suffers and any medication they will be taking. Please do not assume that staff will be aware of these from the school's records. 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 will assist staff in the care and supervision of your son/daughter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Office Use Only**

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

Signed: \_\_\_\_\_  
 [person with parental responsibility]

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

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: \_\_\_\_\_