

Trip: Year 10 and Year 12 trip to Munich

Date(s): Thursday 20 June – Sunday 23 June 2019

I have read the letter and accompanying information to parents giving details of this visit and consent to my son/daughter taking part. If my son/daughter wishes to attend, I agree to pay the deposit of **£200** and agree to make any necessary additional payments as outlined in the accompanying information letter. I accept that, once a place on the trip has been confirmed, all payments are non-returnable unless another pupil is able to take the place instead.

General Information:

Student Name			Form	
Home Address inc postcode				
Date of Birth				
Gender				
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 (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 _____ 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: _____

