



ESHER CHURCH OF ENGLAND HIGH SCHOOL
PARENTS CONSENT FORM (non residential trips)

Trip: Mountfitchet Castle

Trip Date: Tuesday 19 March 2019

I wish my child(name)

Tutor Group:

be allowed to take part in the above mentioned school trip and, having read the information provided, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

Please delete and complete the following as appropriate:

My child has no illness, allergy or physical disability
the following illness or physical disability
(*Delete as applicable)

..... which necessitates
the following medical treatment
.....
.....

I consent to any emergency medical treatment necessary during the course of the visit.

I consent/do not consent* to my child being given a mild painkiller (paracetamol) if considered necessary by the party leader.
(* delete as applicable)

Contact Details:

Name:Telephone Number Home: Mobile:

Please give an emergency contact in the event that we are unable to contact you through the above numbers:

Name: Telephone Number:

Arrangements for collection of students from EHS after the trip:

I will collect my child: YES/NO (please delete as applicable)

I have made the following arrangements for my child (please give details on the reverse of this form):

Please return via Student Services marked with the student's name, tutor group, and trip name

I have read the information letter and have paid £.....for the trip by cheque/online system/cash*
(* delete as applicable) []

I am willing to pay £..... towards the cost of this trip, however I have concerns regarding affordability
and have written a letter to Mr Boddington requesting support. []

Signed:.....(Parent/Guardian) Print name:..... Date:.....