



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

Trip: Zambia

Trip Date: 9 July-27 July 2020

I wish my child(name)

Tutor Group:

To 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 trip 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:

Please return to Student Services, in a sealed envelope along with your deposit of £100.00 and a copy of your child's passport, clearly marked with the student's name, tutor group, and trip name

I enclose the deposit of £100.00 towards the cost of this trip (cash/cheque: please delete as appropriate) []

I have read the Information Letter and agree to pay for the trip in instalments (to be advised shortly) []

I understand and accept that this form does not guarantee a place on the trip and should my child be successful with a place, my deposit will become non-refundable []

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 []

NB: Online payments will be available once places are confirmed

I enclose a copy of my child's passport Y/N

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