



Heene Church of England (Aided) Primary School

SCHOOL TRIP CONSENT FORM

RETURN TO OFFICE/CLASS TEACHER AS SOON AS POSSIBLE
FRIDAY 9th FEBRUARY AT THE LATEST

Trip: Pulborough Brooks, Year 3	Date: THURSDAY 1 st March 2018
I/we give permission for:	
Class: _____ to participate in the above-named trip	
PLEASE TICK ALL THAT APPLY:	
I enclose a voluntary contribution of £10.50	[]
My child has previously received free school meals or is a Services or Looked After child	[]
My child is currently in receipt of free school meals (CHARTWELLS to provide a packed lunch)	[]
My child is currently in receipt of free school meals (I will provide a packed lunch)	[]
No special dietary requirements	[]
Special dietary requirements e.g. Vegan, Lactose Intolerant	[]
Please specify _____	
We do need parent/carers volunteers for this trip. If you can help please will you give your details and we will contact you. Thank you.	
I would like to offer my time to support my child's class on this visit.	[]
PLEASE SIGN TO GIVE CONSENT:	
I consent to any emergency medical treatment necessary during the course of the visit	
Please provide an emergency contact number:	
Signed: _____	Date: _____