



Heene Church of England (Aided) Primary School

SCHOOL TRIP CONSENT FORM

**RETURN TO OFFICE/CLASS TEACHER AS SOON AS POSSIBLE
WEDNESDAY 18th APRIL AT THE LATEST**

Trip: Woods Mill - Year R	Date: Wednesday 25th April 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 £15.00 []	
My child is currently in receipt of free school meals or previously received Free school meals or is a Services / Looked after child []	
I will provide my child with a packed lunch []	
My child would like a school 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 []	
Relationship to child:	
Name:	Please contact me on:
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: