



Woking High School

A Specialist Technology College

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FORM OF PARENTAL CONSENT FOR A CHILD TO TAKE PART IN AN EDUCATIONAL VISIT/JOURNEY

This section to be retained by Parent/Carer

DETAILS OF VISIT

Title of activity	GCSE Geography Coast Day
Location	Dorset
Date	Tuesday 26 February 2013
Times	08:00 to 18:00
Cost	£14.00
Travel arrangements	Coach
Any special arrangements/equipment	Casual dress, warm coat, writing equipment, camera, packed lunch and spending money (optional)

This section must be posted in the letterbox outside the medical room. The parental consent form and money must be in a sealed envelope with your child's name, tutor group and the name of the visit written on the front.

PLEASE COMPLETE IN FULL

Visit to... GCSE Geography Coast Day
Date... Tuesday 26 February 2013
Times... 08:00 to 18:00
Organised by... Mr A Jacques

I enclose a contribution of £..... Please circle method of payment **Cash/Cheque**

OR

I agree to make a contribution of £..... **ONLINE.**

I request that my son/daughter **Full Name**..... **Tutor Group**.....
be allowed to take part in the above mentioned school journey and having read the information agree to his/her taking part in all or any of the activities described therein.

I certify that so far as I am aware my son/daughter is medically fit to undertake this journey and associated activities and there are no known health reasons why he/she should not do so.

I authorise medical treatment to be provided should this become necessary during the course of the visit.

I understand that those supervising my son/daughter are in loco-parentis and must exercise a standard of care that would be expected of a reasonably prudent parent.

Signature of Parent/Carer..... **Date**.....

Contact telephone number during the visit

Please give details if your son/daughter suffers from any medical condition which, whilst not affecting his/her ability to undertake this journey/activity, you consider the Party Leader should be aware:

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