

Chesterton Community College Trip/Activity Form  
Student Details and Parental Consent

Student name: ..... Tutor group: .....

Title of Trip (to be found on Trip letter): .....

Date of Trip (to be found on Trip letter): .....

Medical information	
Allergies (medicines / foodstuffs)	
Student mobile number (for use on trip only)	

**Contact details for person(s) who should be contacted, in an emergency, on the date of this trip.**

Contact name and relationship to student	
Telephone number/s (including area code)	

**Informed Consent**

- I am aware of the nature of the programme that my child is about to take part in and I understand that I can seek more detailed information by telephone/in writing from the school.
- I have told my child to pay particular attention to staff giving advice on matters of safety, behaviour and general procedures. My child is aware that this is a non-smoking trip and that alcohol is strictly forbidden.
- I understand and accept that my child may be withdrawn from a trip if their behaviour leading up to a trip is unacceptable.
- I give informed consent for my child to take part in all activities organised by the staff in connection with the programme. If there are certain activities I do not wish my child to take part in, I will inform the trip organiser in writing.

**Declaration**

- In the event of a medical emergency, I understand that every possible effort will be made to contact me/my designated contact person (as given above).
- I hereby agree for my child to receive medical treatment if the situation arises. I understand that such a decision will be acted upon by a doctor.
- I agree to inform the school if any of the information I have given changes before the trip.

**Payment**

I enclose the sum of £..... Please write cheques payable to Chesterton Community College, with the title of the trip, your child's name and tutor group on the reverse.

I wish to pay the discounted price for this activity as I am entitled to Working Tax Credits (proof of entitlement provided) or this student is entitled to Free School Meals.  (please tick if applicable)

Parent/Carer Signature: ..... Date: .....

Please return this form, along with payment, in a sealed envelope clearly states labelled with student's name, form and the title of the trip. This must be posted into the **Finance letterbox**. The Finance Department cannot accept responsibility for payments not submitted in this way.