



**CHESTERTON
COMMUNITY COLLEGE**

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

Trip details

Title of Trip (to be found on Trip letter)	
Date of Trip	

Student details

Surname		First name		Form	
Medical information					
Allergies (medicine/foodstuffs)					
Student mobile phone number (for use on trip)					

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

Contact Name and Relationship to Student	
Telephone Number/s (including 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- I understand and accept that my child may be withdrawn from a trip if their behaviour leading up to a trip is unacceptable. Any monies paid would be returned to me, excluding deposits.
- 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:

<p>Please return this form, along with payment, in a sealed envelope which clearly states student's name, form or class and the title of the trip. Please ensure the envelope is returned to Finance in the post box outside of the office. We cannot accept responsibility for payments not posted in this way.</p>
