Campion SCHOOL

EDUCATIONAL VISIT CONSENT, MEDICAL AND PAYMENT FORM

Name of Trip: _____

Student: _____ Form: _____ Date of birth: _____

Medical/dietary conditions and allergies, please indicate asthma _____

_____

Please give two emergency contact names/address/telephone numbers while on the trip:

_____ _____

_____ _____

_____ _____

_____ _____

Name and address of Doctor: _____

Date of last anti-tetanus injection: _____

Should your child require an anaesthetic, please give your permission below;

I agree to my child _____ being given an anaesthetic Signed : _____

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I give consent to my child participating in the above school trip.

Signature of parent/carer: _____

Print name: _____ Date:_____

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Payment method (please tick):

Cash ☐ Parentpay ☐ Cheque ☐

Amount: _____

Payment can be made by cash, cheque (please make cheque payable to Campion School), or by ParentPay.

Return this form, with payment to Suzanne Harrison, Finance Office