



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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Amount: _____

Payment can be only be made by ParentPay. If you have not received an activation letter to log onto Parentpay, please contact the school as soon as possible and we can arrange to send one out to you. S.Harrison@campion.northants.sch.uk

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