



Sixth Form Trips Consent Form

Please return this completed form to Reception and make a payment of £40.00 online by the end of the first week of September.

These payments must be made through ParentPay.

ParentPay Receipt Number

I wish my son/daughter to be allowed to take part in these visits and agree to him/her taking part in all of the activities that will be involved. I have ensured that my son/daughter understands that it is important for his/her safety, and for the safety of the group, that any rules and any instructions given by the staff in charge are obeyed. I understand that, whilst the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Students will be expected to follow the school's behaviour policy and code of conduct whilst representing Aylesford School on 6th Form trips.

My son/daughter has:

- no illness, allergy or physical disability*
- the following illness, allergy or physical disability, which necessitates the following medical treatment*:

.....

I consent to any emergency medical treatment that may become necessary during the course of the visit, including the administering of an anaesthetic.

Data Protection Act 1998:

I confirm that my name and telephone number can be used in case of an emergency during educational visits.

Student Address:

Tel. numbers:

Home:

Work:

Mobile:

If you will not be available at the above, please state an alternative contact.

Name:

Telephone numbers(s):

Student's date of birth:

Name, address and telephone number of family doctor:

Parent/Carer Name:

Signed:

Date: