

Educational Visits Consent Form					
Trip to:			Date:		
Name of Child:		Year:	Tutor:		
I give permission for my child to attend the trip.			Yes		No
Free School Meals			Yes		No
My child will be collected from:					
By (Name of person collecting)					
Emergency contact name:					
Emergency contact telephone number:					
Medical Conditions/Medication:					
Special Needs:					
Dietary Needs/Allergies:					
Parent/Guardian Signature:			Print name:		Date: