## • RESIDENTIAL TRIP PARENTAL CONSENT FORM.

Title of Trip: Margam Field Centre: Ecology Field Studies	Date of Trip: Friday 26 – Sunday 28 June 2015
Name of pupilHouse	Please provide two emergency contact names and telephone numbers who will be available at the time of the trip.
I consent to my son taking part in Margam Field Centre: Ecology Field Studies	
	1. Name
I accept that the School reserves the right to send him home at our expense if he jeopardises his safety, the safety of others or the good name of the School.	Number:
	2. Name
Signed:	Number:
Print name:	3. Emergency telephone number if parents are unavailable:
Date:	
	In your child's interest, it is vitally important that the organizing staff should know whether he suffers from any illness or disability which may affect his participation, or requires a special diet or medication.
	When did your son last have a tetanus injection?
	Please give any details you consider to be relevant and include any recent accidents or contact with contagious diseases.
	Pleases return this form to <b>Dr R Jeffreys by Thursday 20 November</b>