



**APPENDIX A**

[TRIP DETAILS] [Department]

Student information and parental consent form

CONFIDENTIAL – PLEASE RETURN WITH PAYMENT

Name of Student:
Please give details of any medical conditions that the College and the accompanying staff for this trip should be aware of (eg. allergies or ongoing conditions):
Emergency contact number and name of person:  Alternative emergency contact number and name:
Please give details of any special dietary requirements:
Any further information which needs to be communicated:

All the information given above is correct and I give permission for my son/daughter to attend the [TRIP DETAILS] at [VENUE/DATE]

Signed: \_\_\_\_\_ (Parent)

Date: \_\_\_\_\_