

PLEASE COMPLETE FORM AND RETURN TO SCHOOL OFFICE BEFORE FRIDAY 10TH FEBRUARY

YEAR 5 TRIP TO LONDON – 16TH MARCH 2023

PERMISSION

Child's Name _____ Class _____

I give permission for my child to attend the above trip and I will bring them in between **7.00am and 7.15am** and collect them at **6pm**

I do not give permission for my child to attend the above trip

THIS TRIP IS FULLY FUNDED SO NO MONIES ARE DUE

LUNCH

I will provide a packed lunch for my child for this trip

I am in receipt of benefits therefore my child is entitled to free school meals and would like a school packed lunch for this trip. I also enclose the Dolce order form.

MEDICAL

If your child is receiving medication or has a known medical condition, please give details and let us know of any changes. Please also list any medicine(s) your child should take with them on the day of the visit (eg Epi-pen, Inhaler etc)

HELP

I would like to help on this trip and I understand I will be contacted if needed

I hold a DBS (CRB) Certificate from this school

I do not hold a DBS (CRB) Certificate from this school

Signed Parent/Carer Date.....