

Please return to Miss Discombe in Finance by Tuesday 31 January 2017

**EXPRESSION OF INTEREST FORM**

**Re: LONDON YEAR 8 GRADUATION TRIP**

I give permission for my child to attend the above mentioned trip.  
**I have read and agree to abide by the TRIP terms and conditions**

In order for your child's trip to go as smoothly as possible I would be grateful if you could complete this form to help with our organisation.

1. Full name of pupil \_\_\_\_\_

2. Tutor Group \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_

4. Telephone numbers for contacts: First \_\_\_\_\_ Reserve \_\_\_\_\_

5. Address and telephone number of where you can be reached if you are away during the day.

\_\_\_\_\_

\_\_\_\_\_

6. Does your child suffer from any allergies? (Hay-fever, asthma etc)

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE – It is the parents' responsibility to provide correct medication for the student's use on the trip in its original packaging.**

7. Are there any physical or medical conditions we should be aware of?

\_\_\_\_\_

8. Does your child take medication

- a) Regularly
- b) One off

If the answer to either of these questions is yes, please provide details including dosage and timings:

\_\_\_\_\_

\_\_\_\_\_

**Please note: all prescription medication must be in named original packaging.**

Date of last Tetanus injection? \_\_\_\_\_

Does your child have any special dietary requirements?

Vegetarian Yes/No (Delete as applicable)

Other dietary requirements:.....

Signed: .....(Parent/Carer)

Print Name: .....