



Yr4 Orchestra Unwrapped Trip – Wednesday 21st March 2018

Child's name..... Class

I enclose my contribution of £..... (cheque payable to Hampshire County Council)

Or

I have made my payment online for £.....

I confirm that I have parental responsibility for the above named child and that he/she is in good health and I consider her/him capable of taking part in this activity. Please be aware of the following medical information regarding allergies or medication concerning my child:

.....
.....

In the event of an emergency, please contact:

Name Contact no:

Please indicate if you would like to be a helper:
I am able/not able to help on the day.
Do you have a valid school DBS certificate? Yes/No . Have you completed a school trip pack? Yes/No
The school office will be in touch regarding your request to help on this trip.

Signed: Name: (parent)

Please can you return your completed permission slip and payment by Friday 23rd February 2018