



Slough and Eton Church of England Business and Enterprise College

SCHOOL TRIP PERMISSION SLIP

This form must be completed by a Parent/Carer if the participant is under 18 years of age or has learning difficulties

Trip:	Teacher:	Cost:	Date of trip:
STUDENT INFORMATION			
Student Name:		Year/Tutor Group:	
Student Address:		Date of Birth:	
EMERGENCY CONTACT INFORMATION			
Name of Emergency Contact:		Relationship to Student:	
Address (if different from above):			
Telephone 1:		Telephone 2:	
MEDICAL DETAILS			
Conditions: <i>(Give details of any student conditions i.e. diabetes, epilepsy, allergies etc.)</i>			
Current Medication: <i>(Give details of any medication the student is currently undertaking)</i>			
Name of family doctor:		Address of family doctor:	
Telephone no:			
TRIPS AND VISITS CODE OF CONDUCT			
<p>Students must be on their best behavior at all times and maintain high standards of appearance;</p> <p>Students must follow all instructions given to them by members of staff;</p> <p>Students must do nothing to endanger their own or anyone else's safety;</p> <p>Students must report to staff any accidents or breaches of safety they notice;</p> <p>Students must be aware of all arrangements, particularly meeting times and places;</p> <p>Students must represent the school in a positive manner at all times;</p> <p>The Trip Leader's decisions are final.</p>			
DECLARATION			
<p>I give permission for my son/daughter to go on this trip.</p> <p>I declare the information I have given on this form is correct and I will support the school to maintain the standards outlined in the Trips and Visits Code of Conduct.</p> <p>I understand that students <u>not</u> complying with the code of conduct will be sanctioned by the school and may be <u>banned</u> from future trips.</p>			
PARENTPAY ORDER REFERENCE NUMBER :			
<i>(To be used if you have paid by ParentPay)</i>			
Name of Parent/Carer:			Date:
Signature of Parent/Carer:			