

**REPLY SLIP - Please complete and return to: Finance Office by Monday 16 April 2018**

**Consent for visit to:** School of Rock - Musical

**Date** 28 June 2018

I confirm that I have parental responsibility for:

Student Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in this letter. I consent to him/her taking part in the programme detailed in this letter. In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics

**Medical Details**

I confirm that the medical information I supplied at the start of this academic year remains comprehensive and up-to-date and that there is no additional information relevant to this activity.

OR

In addition to the information I provided earlier in the year, the school now needs to be aware that:

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Parent/Guardian Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Consent for taking images	Yes	No
In the event of any images of my child being taken, I consent to them being used for educational purposes	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the images being used on the school's website/publications	<input type="checkbox"/>	<input type="checkbox"/>

**FINANCE OFFICE**

**Payment: £42.00**

Please indicate your choice of payment: WisePay ☐ Cheque ☐ Cash ☐

Date when paid on WisePay \_\_\_\_\_

(If paying by cheque, please write the student's name, tutor group and the trip on the back. Cheques made payable to **Crofton School**)

Contact Email Address: \_\_\_\_\_