

Hans Price Academy – Trip Form



**Trip Details: Pantomime – Year 7
Weston Playhouse
Friday 12th December 2025**

I give permission for my child to have an ice cream

I will make a voluntary contribution via SCOPAY

Please complete and return to: Ms Allchurch - via School Reception

Personal Information

Name of Student:LF:.....

Home Telephone Number:

Parent Mobile Number:.....

Emergency Contact Name:.....

Emergency Contact Number:.....

Emergency Contact Email Address:.....

Medical Information

Medical/Personal/Dietary Information (please detail):.....

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Medication

Please provide details below if your child needs medication – including name of medication, dosage, time to be taken, expiry date and any other relevant information.

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Declaration

I agree that my child may participate in the school trip/activity, and I have declared any existing medical conditions.

If my child has been prescribed an inhaler or auto injector by their GP, I will ensure that they will carry it with them at all times during the trip/activity.

I agree that any information given on this form will be used to update any existing school records held to ensure our records are accurate and up to date.

This information and parental permission will be stored for 3 years after the conclusion of the trip in line with current data protection legislation.

By signing this form I declare that I have read all the information above.

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

Name (*please print*):..... Date:.....