

CONSENT SLIP

Student Name: _____ **Form:** _____

I wish my child to take part in the visit to _____
I understand that while the school staff in charge of the party will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my daughter/son during the school trip.

I enclose a cheque for _____ to cover the cost of the trip.

Signed: _____ Date: _____