



## YEAR 10 CAREERS TRIP 2022

### PARENT/CARER CONSENT AND STUDENT MEDICAL INFORMATION

Student name: \_\_\_\_\_

Form: \_\_\_\_\_

*Please use the check boxes to identify your child's order of preference for the trips:*

Trip details	1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
Northampton Museum and Art Gallery			
UK Parliament			
Blenheim Palace			

I, the Parent/Carer of \_\_\_\_\_ confirm my consent for them to be taken on one of the above trips. I understand that my child is responsible for their personal belongings at all times while on this trip.

#### Medical information

Details of any medical condition that my child suffers from and any medication my child should take during off-site visits:

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Parent / Carer signature: \_\_\_\_\_

Date: \_\_\_\_\_