

PERMISSION FOR A FANTASTIC LEARNING EXPERIENCE



Date of Trip: ___ / ___ / ___ Departure Time: _____

Return Time: _____ Cost of Trip: £ _____

Cheque Payable to: _____

Please return payment with permission by:

Additional Information: _____

PERMISSION FORM FOR A TRIP TO THORPE PARK RESORT

I acknowledge receipt of the information regarding the proposed visit to THORPE PARK Resort and consent to my child named below participating. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by staff are obeyed. I agree to members of staff giving permission for my child to receive any medical treatment in an emergency. I confirm to the best of my knowledge the below information is correct and that I have read and understood the information contained therein.

I _____ am the parent/legal guardian and give permission
for _____ to participate in the trip to THORPE PARK
Resort. Emergency Contact Number: _____