

# 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: \_\_\_\_\_