

**PLATT C.E PRIMARY SCHOOL**

GENERAL TRIP PERMISSION SLIP



**PERMISSION SLIP** (please complete all information)

<b><u>Trip name:</u></b>
<b><u>Date of Trip:</u></b>

I give my permission for \_\_\_\_\_ (full name of child) to travel to \_\_\_\_\_ (location) by coach. In the event of injury I give permission for a member of staff to administer an analgesic.

I enclose a voluntary contribution of \_\_\_\_\_ Yes/No

Emergency contact name:.....

Emergency contact number :.....

Signature.....

Printed Name.....

Date:

*Permission slips should be sent to the school office at least a day before the trip.*