Consent Form: Year 8 PGL Trip – 1st to 4th July 2022

Online consent is preferred – please use the following version of this form where possible:
ONLINE CONSENT FORM

Full name of STUDENT …………………………………………...……...... **Tutor Group** …............

☐ I confirm that I have received the letter about the **Year 8 PGL Trip** and I give permission for my child to take part.

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☐ I have made a deposit payment of **£50**, online, via the SCOpay app or website.

☐ **OR,** I enclose a deposit cheque (made payable to The Piggott School) for **£50**. I have written my child's name, tutor group and 'PGL' on the back of the cheque.

☐ **OR,** I wish to request financial assistance. I have sent an email to RamizS@piggottschool.org outlining the reason (eg. FSM, PP, other extenuating circumstances).

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☐ I confirm that the medical and dietary information held at school is correct **and** that my child has no medical conditions that might affect their performance or safety on this trip,

☐ **OR,** I have given details of any new medical/dietary information that the school is unaware of and any medical conditions that might affect my child's performance or safety on this trip, by emailing medical@piggottschool.org. *In your email please state the name of your child, their tutor group and the name of the trip(s) they are due to attend.*

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☐ **If there are any changes to my child's fitness / medical / dietary conditions between now and the time of the trip, I will inform the school by emailing medical@piggottschool.org.**

Please ensure you make the school aware if your emergency contact details for the duration of the trip will be different to those already held by the school.

Name of Parent / Carer _____ **Date** _____

Signed _____ **(Parent/Carer)**

THIS CONSENT FORM CAN BE RETURNED BY EMAIL TO trips@piggottschool.org (scans and photographs accepted) ALTERNATIVELY, PAPER COPIES MAY BE PLACED IN THE TRIPS POSTBOX IN RECEPTION.