

**REPLY SLIP - Please complete and return to: Finance Office**

**Consent for visit to:** Sparsholt College on 1, 2, 7, 8 or 9 February 2012 - **£16.00**

I confirm that I have parental responsibility for:

Student Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

He/she is in good health and I consider him/her to be capable of taking part in the activities set out in this letter. I consent to him/her taking part in the programme detailed in this letter.

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics

**Medical Details**

I confirm that the medical information I supplied at the start of this academic year remains comprehensive and up-to-date and that there is no additional information relevant to this activity.

OR

In addition to the information I provided earlier in the year, the school now needs to be aware that:

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Parent/Guardian Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

**FINANCE OFFICE (only if payment is due)**

**Cost: £16.00**

Please indicate your choice of payment:                      Wisepay            Cheque

**If paying by Wisepay please confirm date payment was made \_\_\_\_\_**

(Cheques made payable to Crofton School)

Contact Email Address: \_\_\_\_\_