



Reply Slip: Please complete and return for the attention of your child's **Form Tutor** by **Monday 21st March 2022**.

Please tick and fill the following:

Permissions	
I am in receipt of your letter, dated 8 th March 2022 and understand and accept the details the Year 11 Prom.	<input type="checkbox"/>
I give permission for my child _____ to attend the Year 11 Prom on Friday 15 th July 2022.	<input type="checkbox"/>
I understand and accept that my child's attendance to Prom is dependent on the criteria outlined in this letter.	<input type="checkbox"/>
I understand and accept that the Prom ticket must be retained for entry and a receipt kept as proof of purchase.	<input type="checkbox"/>
I understand that the Year 11 Prom is subject to government guidelines and restrictions.	<input type="checkbox"/>
My child will leave the venue promptly at 12:00am and I have made provision for my child to arrive at and return from Prom safely.	<input type="checkbox"/>
In the event of an emergency, I authorise the staff involved to act on my behalf (in loco parentis) and give my consent for any action deemed necessary, by medical professional or others, to be taken.	<input type="checkbox"/>
I give permission for photo images taken of my child involved in the above activity, which are of general public interest or provide information, to be used by the College. The images may be used in promotional material such as brochures, leaflets and display boards as well as on the College website.	<input type="checkbox"/>

Payment; please choose <i>either</i> option	
I will pay the full amount of £35 via my child's iPayImpact account, before Monday 25 th April 2022.	<input type="checkbox"/>
I will pay the non-refundable deposit amount of £5.00 via my child's iPayImpact account and will pay the remaining £30.00 by Monday 25 th April 2022.	<input type="checkbox"/>

Medical and Dietary Details and Requirements
<p>Please list details of your child's physical/medical conditions, or any allergies below. These may include epilepsy, asthma, hay fever, hearing impairment etc. Please also include any mental health conditions such as anxiety, OCD, claustrophobia, etc.</p> <p>.....</p>
<p>Please list details of any medication your child will be carrying on their person for the duration of the trip. These may include an asthma pump and inhaler, an EpiPen, antihistamines, paracetamol, etc.</p> <p>.....</p>

Name of Parent/Guardian/Carer:		Signature:	
Contact Number:		Date:	