



# Heathfield School Ascot

## Form III Barcelona Trip 10<sup>th</sup> March – 14<sup>th</sup> March 2016

I agree to my daughter .....  
taking a place on the Form III trip to Barcelona.

I authorise a non-refundable deposit of £350 to be added to the Michaelmas Term 2015 school bill.

I authorise members of staff during the course of the visit to approve such medical treatment for my daughter as may be deemed necessary in an emergency and on the advice of a qualified medical practitioner. I set out herewith any medical condition from which she may be suffering, together with details of the treatment required and any allergies to which she may be subject:

.....  
.....  
.....

Please write below details of the address and telephone numbers where you can be contacted **AT ALL TIMES DURING THE VISIT:**

**Parent's Name:** ..... **Tel:** .....

**Mobile:** .....

**Address:** .....

.....  
.....  
.....

**Signature of Parent/Guardian** ..... **Date** .....