

BEDFORD SCHOOL BOOKING FORM

Name of package tour, visit or trip:

I/we have read the School's booklet – *School Visits and Tours Including Package Tours – Part 2 – Information for Parents* and I/we understand that this, together with the specific information provided by the organiser about the above package, forms the basis of the contract between Bedford School and the parents/guardians of:

Pupil's Name:

(Please enter the full name of your son)

Nationality: Date of Birth:

Parent's/Guardian's Name and Address:

.....

..... Post Code:.....

Daytime Telephone Number: Evening:

Mobile Numbers:.....

Alternative contact names and telephone numbers:

.....

.....

DECLARATION

I/we and my/our son agree he will abide by the Code of Conduct and we accept the rules, regulations, terms and conditions set out by Bedford School and any external organiser or agency involved for the package/trip.

I/we agree that he may take part in any of the activities which form part of the package/trip and that he will follow the instructions of members of staff or other adult supervisors and instructors.

I/we will inform the organiser as soon as possible of any changes in the medical circumstances of my son/ward between now and the commencement of the journey.

I/we also agree to my son/ward receiving medication, emergency dental, medical or surgical treatment including anaesthetic, operation or blood transfusion as considered necessary by the organiser or senior member of staff present.

Signed: Date:

(Parent/Guardian)

Name:

(In capitals)

Please complete the Medical Information Form ANNEX C.

When completed please return this Booking Form and the Medical Information Form to Ms Jessica Starkey with your deposit.

Please make cheques payable to: BEDFORD SCHOOL TRUST CENTRAL BANK