



Geography Fieldwork—Year 11

11th—12th October 2017



Consent Form

STUDENT NAME:	
TUTOR GROUP:	
I give consent for my son / daughter to participate in the Geography fieldwork exercise on Wednesday 11th October 2017 and Thursday 12th October 2017.	
SIGNATURE (PARENT / CARER / GUARDIAN):	
DATE:	
If you son / daughter has any medical conditions / allergies that we should be made aware of, please provide the details below.	

PLEASE RETURN THIS FORM TO MR MARK JONES BY FRIDAY 5TH OCTOBER 2017