

St Mary Magdalen's Catholic Primary

SCHOOL TRIPS VOLUNTEER FORM

Name _____

Address _____

Tel No: _____

Emergency Contact Name: _____ Tel No: _____

Do you have any health problems of which we should be aware?

Please sign to confirm that you have received information relevant to the trip and your role; and that you have agree to abide by the guidance contained in the School Trips Volunteer Handbook.

Signed:

Dated: