 

 **YPI VISIT to Charity**

 **Parental consent**

This must be completed **5 working days** before visit.

I give permission for my son/daughter to attend a visit to their chosen YPI charity. I am aware of their travel arrangements.

Name of pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Relationship to pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_