

Dear Parents/Carers,

PARENTAL CONSENT FOR VISITS ABROAD

Please complete and return the form below. It relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your son/daughter to take part in this activity.

NAME OF STUDENT:	DOB:	TUTOR GROUP:
PASSPORT NO.	NAME ON PASSPORT (if different from student's)	
VISIT OR ACTIVITY: Snowsport Trip 2019 - Italy		
DATE(s):	16/02/2019 – 24/02/2019	

SPECIAL DETAILS: Any relevant information concerning your son/daughter's health or diet requiring special attention but which does not prevent him/ her taking part should be noted below. Please include any allergies, tendency for travel sickness, diabetes, asthma, recent illnesses, details of any current medication and dosage.

1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him/her taking part in any or all of the activities described.
2. I consent to any emergency medical treatment required by my son/daughter during the course of the visit.
3. I confirm that my son/daughter is in good health and I consider him/her fit to participate.
4. I confirm that my son/daughter holds or will have the European Health Insurance Card by the date of the visit.

PARENT/CARER PRINT NAME & SIGN:	
DATE:	
ADDRESS:	
TELEPHONE No. (Home) (Mobile)	Work:
NAME OF FAMILY DOCTOR:	TEL:

Together; we care, we challenge, we excel