

Hylands School

Trip Consent Form for Parents/Guardians



Please complete both sides of this form answering the questions in full. In the event of your child requiring emergency treatment this information will help the medical authorities decide the appropriate treatment.

Trip/Visit: BRENTWOOD SKI CENTRE

Date: SATURDAY 8TH AND/OR 15TH OCTOBER 2016

Trip/Visit Leader: MR MCMINN

(Please complete in BLOCK CAPITALS)

Student's Full Name	Tutor Group	Date of Birth
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The cost of this trip is £25.00. Our preferred method of payment is through Parent Pay.

If you are unable to access this system please make cheques payable to **Hylands School**.

Method of Payment <i>(please tick as appropriate)</i>	Cash/Cheque enclosed: <input type="checkbox"/>	Parent Pay: <input type="checkbox"/>	Date: Receipt No:
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Parent/Guardian's Address during the Trip/Visit Telephone:

GP's Name and Address Telephone:

Alternative contact (for emergency use only) Name:	Tel. No:
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I hereby give permission for my child to attend the above trip/visit.

If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I give my general consent to any necessary medical treatment and authorise the Trip/Visit leader (or in their absence a member of staff) to sign any document required by any hospital authorities.

I will inform the Trip/Visit Leader if any of the information given on this form changes before the event takes place.

Name of Parent/Carer

Relationship to student

Signature

Date

Special Dietary Requirements/Arrangements (please detail below)

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Has your son/daughter received a tetanus injection in the last ten years? **YES / NO**

In the space below please give details of the following **(even if you have already informed the school in the past)**

1. Any known Contagious or Infectious Diseases with which your child has been in contact within the last four weeks (e.g. Chicken Pox, Diptheria, Measles, Mumps, Rubella, Whooping Cough etc.)

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2. Any known Allergies/Sensitivites,Disabilities and details of any known precautions (e.g. Penicillin, Food Colourings, Travel Sickness, Asthma etc.)

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3. Where unavoidable the School is willing to oversee the self-administration of prescribed and non-prescription medication during the visit. Please enter below the details of any medicines/treatments currently being taken/followed (include dosage details) If your son/daughter has to take any medicines, they should be clearly labelled with his/her name. The exact dosage should be handed to the Trip/Visit Leader/First Aider before departure.

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Signed (Parent/Carer)

Date

If you have included medical information that has not been previously disclosed please tick this box so your child's medical records can be updated

Additional Consent (required when pupils will be involved in physical activities e.g. swimming, canoeing, climbing, skiing etc.)

I consent to my son/daughter taking part in the activities of the visit, which have been explained to me.

Signed (Parent/Carer)

Date