

# PARENTAL CONSENT AND MEDICAL INFORMATION

## LRGS SKI TRIP 2010

(This form is to be completed in full by the parent / carer and returned to the school)

### 1. DETAILS OF VISIT

Visit to: **La Plagne, France.**

From: **Friday 26<sup>th</sup> March to Saturday 3<sup>rd</sup> April 2010**

I agreed to my son - Full name (as on Passport): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Form: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

European Health Card Personal Identification No: UK \_\_\_\_\_

European Health Card Identification No: 80826 00001 \_\_\_\_\_

Taking part in the above stated visit and having read the information sheet, agreed to her/his participation in any of all of the activities described. I acknowledge the need for good conduct and responsible behaviour on her/his part.

### 2. EMERGENCY DETAILS

a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

b) I may be contacted by telephoning the following number(s):

Home (inc STD): .....Work (inc STD): .....

Mobiles: .....

Name & Address: .....

.....

c) Please state an alternative contact point: - Telephone number: .....

Name & Address of Contact: .....

.....

Family doctor (Name, address and telephone number): .....

.....

Pupil's Mobile Phone Number (if taking abroad): .....



**4. INSURANCE COVER**

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

**5. DECLARATION**

- ◆ I have read the attached information provided about the proposed educational visit and the insurance arrangements.
- ◆ I consent to my child ..... taking part in the visit, and, having read the information sheet, declare my child to be in good health and physically able to participate in all the activities mentioned.
- ◆ I have noted where and when the pupils are to be returned and I understand that I am responsible for my child getting home safely from that place.
- ◆ I am aware of the levels of insurance cover.
- ◆ I will ensure that any change in the circumstances (e.g. recent medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

**I ACCEPT THAT THERE IS AN INHERENT RISK OF INJURY IN PARTICIPATION OF ADVENTUROUS OUTDOOR ACTIVITIES. RISK CAN BE REDUCED TO ACCEPTABLE LEVELS BY IMPLEMENTING APPROPRIATE RISK ASSESSMENTS. COPIES OF WRITTEN RISK ASSESSMENTS ARE AVAILABLE ON REQUEST FROM THE SCHOOL.**

**Signature of Parent / Carer (Parental / Carer consent required for children aged 17 and under)**

.....  
 Name in block letters .....  
 Address .....  
 .....

<p><b>For ease of communication, please provide an email address below for future correspondence:</b></p> <p><b>EMAIL:</b> .....</p>
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**BY COMPLETING THIS FORM, YOU HAVE CONFIRMED A PLACE ON THE SKI TRIP 2010**  
 (Withdrawal from the trip might mean loss of some of the money paid dependent on whether we can fill the place or not)