RESIDENTIAL TRIP PARENTAL CONSENT FORM



Please complete all parts of this form, sign, date and return to school

Title of Trip:	Under 13 Rugby Tour 2013 - Jersey
Date of Trip:	Friday 1st November to Sunday 3rd November, 2013
Name of Pupil:	Form:
I consent to my child taking part in the above trip including an overnight stay of two nights.	
I understand the costs of the trip as explained in the tour description and itinerary letter.	
I accept that the School reserves the right to send my child home at our expense if they jeopardize their safety, the safety of others or the good name of the School.	
I have been made aware of the activities to be undertaken, and I confirm that my child is in good health and I consider him/her fit to participate.	
In the event of accident, misadventure or illness whilst away from home, I consent to any medical treatment which may be considered necessary given by a qualified medical practitioner.	
Signed Parent/Guar	dian: Date:
Print name:	
Emergency Contact Information: Please provide emergency contact names and telephone numbers who will be available during the trip. 1. Name	
	Number:
3. If parents are una	vailable: Name : Number:
Water Activities:Please confirm the following – Is your child:Able to swim 50 metres? YES/NOWater confident in a pool? YES/NOSafety conscious in water? YES/NO	
Additional Medical Information:	
In your child's interest, it is vitally important that the organizing staff should know whether he suffers from any illness or disability which may affect his participation, or requires a special diet or medication.	
When did your son last have a tetanus injection?	
Is your son allergic to penicillin, stings, dressings?	
Please give any details you consider to be relevant. Include any recent accidents or contact with contagious diseases, or if your son is a nervous flyer. (<i>Please continue overleaf if necessary</i>).	