

### RESIDENTIAL TRIP PARENTAL CONSENT FORM 2

Title of Trip: Finland Winter Wonderland 2016      Date of Trip: 16/12/16 – 23/12/16

Name of pupil .....House .....

I consent to my son taking part in the **Finland 2016 Expedition.**

**For overseas trips only:**

**I have been made aware of the nature of the activities to be undertaken, and in the event of accident, misadventure or illness whilst away from home, I consent to any medical treatment which may be considered necessary by a qualified medical practitioner.**

**His European Health Insurance Card No is: .....**

**He is a private patient under .....Scheme.**

**Passport details:**

**Number: .....**

**Country Issued In: .....**

**Issue Date: .....Expiry date: .....**

**If your son is a NON-EU citizen please provide details of any EU entry VISAs here:**

In the unlikely event I accept that the School reserves the right to send him home at our expense if he jeopardises his safety, the safety of others or the good name of the School.

Signed .....

Print name .....

Date: .....

Please provide two emergency contact names and telephone numbers who will be available **at the time of the trip.** We will rely on the information on the school database unless you notify us otherwise in the space below.

1. Name .....

Number: .....

2. Name.....

Number: .....

3. Emergency telephone number if parents are unavailable:

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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 on the outlined trip, or requires a special diet or medication. If so please state below.

When did your son last have a tetanus injection? .....

Is your son allergic to penicillin, stings, dressings etc? .....

Please give any details you consider to be relevant and include any recent accidents or contact with contagious diseases.

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**Please return this form to Rev'd Gooding by : 6 January 2016**

