RESIDENTIAL TRIP PARENTAL CONSENT FORM.

Title of trip: Silver and Gold D of E Sailing Practice and Qualifying Expeditions Date of Trip 16-20 October 2015	
Name of pupilHouse	
	Please provide two emergency contact names and telephone numbers
Level of Award (please delete as appropriate):	who will be available at the time of the trip.
Silver (current 4 th years) or Gold (current 5 th years)	We will rely on the information on the school database unless you
	notify us otherwise in the space below.
I consent to my son taking part in the DofE sailing training and assessment	
expeditions.	
I agree to the total cost for sailing DofE (£635) being charge to the end of the	1. Name
Summer term bill 2015.	
I confirm that my son will attend the theory sessions from 4-5pm on Tuesdays	Number:
and at least 1 practical sailing session each week during the Michaelmas term.	
	្នា 2. Name
For overseas trips only:	
	Number:
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	3. Emergency telephone number if parents are unavailable:
home, I consent to any medical treatment which may be considered	
necessary by a qualified medical practitioner.	
His Francisco Hackb Incomence Cond No. in	In your child's interest, it is vitally important that the organizing staff should
His European Health Insurance Card No is:	know whether he suffers from any illness or disability which may affect his
He is a multiple matient under	participation, or requires a special diet or medication.
He is a private patient underScheme.	participation, or requires a special diet of medication.
Passport details:	When did your son last have a tetanus injection?
Number:	Is your son allergic to penicillin, stings, dressings?
	Please give any details you consider to be relevant and include any recent
Country Issued In:	accidents or contact with contagious diseases.
	decidents of contact with contagious diseases.
Issue Date:Expiry date:	<u> </u>
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.	
Oleman d	Please return this form by: Friday 12 June 2015
Signed	
Drint name	Please indicate if your son would also be interested in completing his Day
Print name	skipper award subject to dates and cost:
Data	YES/NO