

RESIDENTIAL TRIP PARENTAL CONSENT FORM.

Title of Trip: Bielefeld Exchange

Name of pupilHouse

I consent to my son taking part inthe Bielefeld exchange trip.....

I understand that the charge for this will be added to the end of term bill as stated in the letter and that the deposit will be non-refundable.

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: Visa for Germany required: yes / no

Number: **Place of birth:**

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

Issue Date: **Expiry date:**

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:

Date of Trip: 10-18 February 2016

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 organising 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 and include any recent accidents or contact with contagious diseases.

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Please indicate if your son would be happy to be paired with a girl: _____

Plases return this form by : **Monday 11 May 2015**