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| FREMAN COLLEGE |
| PARENTAL CONSENT FORM (Level 2 and 3 visits) |

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| |  | | --- | | Visit: Ski Trip 2020, Bormio, Italy | | Group Leader: Ben Green | | Dates of visit: 15-22 February |   **To be completed by the parent/adult responsible for a child/young person:** |
| **Student’s Full Name: Date of Birth:** |
| |  | | --- | | Does the above person:  have a medical condition requiring medical treatment or medication? Y/N  have an allergy to certain medications? Y/N  Is he/she able to administer his/her own medication? Y/N  Please give details of medical condition/treatments or allergies to medications: | | Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? Y/N  If yes, please give details: | | Does he/she have any special dietary requirements? Please give details: Y/N | | I wish to draw the following to the Group Leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, recent operations or treatments, other conditions which may affect fitness to participate in certain activities): | |

EMERGENCY CONTACT INFORMATION

MAIN

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| --- |
| Name:  Relationship: |
| Address: |
| Telephone:  Day: Evening: Mobile: |

**ALTERNATIVE**

|  |
| --- |
| Name:  Relationship: |
| Address: |
| Telephone:  Day: Evening: Mobile: |

**PLEASE SIGN THE DECLARATION OVERLEAF**

**FAMILY DOCTOR DETAILS**

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| --- |
| Name: |
| Address: |
| Telephone: |

**DECLARATION:** I have received and understood the details of the visit.

I agree that (full name of child/young person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

* can participate in the visit and activities described;
* can be transported in the private vehicles of staff/volunteers supervising the visit;
* is in good health and fit to participate in the activities described;
* can receive medical treatment as necessary.

I undertake to inform the Group Leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment’s procedures in this respect.

Signed: Name in Capitals:

Relationship: Date:

Address and telephone (if different from above):

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.