# Copthorne Prep Parental Consent Form

Trip to Nice, France – March 2019

Name of Participant: ……..…….

Address: ……

…….…… Post Code ……..……

Date of Birth: ……..…….. Home Tel: ……..……..

Name of Parent/Guardian: ……

Address: ……

…….…….. Post Code ……

Home Tel: ……..... Emergency Tel: ……

Alternative Emergency Contact Address
(if different from above): ……...

……. Post Code ……..

Home Tel: ……. Emergency Tel: …….

Name of Participant's Doctor: ……

Address: ……

…….. Post Code ……..

Tel: …….

Details of participant's food allergies or other special dietary needs:

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…….

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Has your son/daughter received a tetanus injection in the last five years? Yes □ No □

Any other details you wish to make the organisers aware of:

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**Declaration: PARENT**

In signing this document:

I have read and fully understand the information relating to the proposed trip/activity;

I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided;

I consider my son/daughter/ward to be medically fit to participate in the trip/activities outlined and agree to inform you should this situation change between now and the trip/activity date;

I agree to my son/daughter/ward receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Name: ……

Signed: ……

Date: ……

Please return to Mrs L Dodson with your deposit payment no later than the deadline of Friday 19 October 2018. Children will not be allowed to attend the trip unless this consent form is completed in full.