Parental Consent Form

Ski Trip to Italy, March 30th – April 7th 2019

Name of Participant: ……..…….

Address: …….

…….…… Post Code ……..……

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

Name of Parent/Guardian: …….

Address (if different to above): ……

…….…….. Post Code ……

Home Tel: ……..... Emergency Tel: ……

Alternative Emergency Contact

……..

…… Post Code ……..

Home Tel: …… Emergency Tel: ……

Name of Participant's Doctor: ……

Address: ……

…….. Post Code ……..

Tel: ……

Does your child have any pre-existing medical conditions? Yes/No
If yes please give details

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……

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

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……..

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

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 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 to be medically fit to participate in the activities outlined and agree to inform you should this situation change between now and the activity date.

I agree to my son/daughter 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 Chris Jones.