

ELIZABETH COLLEGE

###### GUERNSEY

GY1 2PY

Dear Parent/Guardian,

#### Parental consent for off-site activities

Please complete and return the form below which relates to the forthcoming journey or activity for which you have already received details. The form gives your consent for your child to take part in this activity.

**Visit or Activity**

**Charterhouse Sustainability Conference Trip**

**Dates and times:**

**Thursday 18.6. – Saturday 20.6.2020**

|  |
| --- |
| **Name of Student: Date of Birth:** |
| **Special details:**  Any relevant information concerning your child’s health requiring special attention, but which does not prevent him or her taking part should be noted below. For example, does your child:   * Have any allergies? * Experience travel sickness * Have diabetes, asthma or epilepsy? * Take medication (If so, what is the dosage required)?   All medication must be given to the party leader on departure, clearly labelled with the student’s name and the dosage instructions. |
| **Has your child had any relevant, recent illness?** |
| **Does your child have any specific dietary requirements?** |

|  |
| --- |
| **Have you any additional comments?** |
| **Swimming ability (for water based activities)**  Is your child able to swim 50 metres in a pool? Yes / No |
| Is your child able to swim 50 metres in open water? Yes / No |
| Is your child confident about the proposed activity? Yes / No |

1. I would like my son/daughter to take part in the above mentioned visit or activity and having read the information provided agree to him taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course of the visit.
3. I confirm that my child is in good health and I consider him fit to participate.
4. I will inform the group leader at departure of the trip of any changes to the medical information given on this form.

* Delete as appropriate

5. I understand that remote supervision is part of the programme- for example when shopping in Iceland or at airports. This means that my son/daughter will not be directly supervised by a member of staff at all times.

**Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone :**

**(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact number, if different during trip : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor (name) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Practice) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approximate date of last tetanus injection : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### Form OA4