



Date:

Dear Parent/Guardian

Parental consent for off-site activities / school trip

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	EC and LC German exchange with Gymnasium Bruckmühl
Date	23/6/23-28/6/23

Name of Student <small>NB. This must be the <u>name as on the passport/official ID.</u></small>		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)?		
<i>All medication must be given to the party leader on departure, clearly labelled with the student's name and the dosage instructions</i>			
Other relevant health information:			
Has your child had any relevant, recent illness?			
Has your child have any special dietary requirements?			
Have you any additional comments?			

Swimming ability (for water-based activities only)	
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
Do you give consent for your child to take part in any swimming related activities on this trip?	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/her 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/her 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.
5. I understand that remote supervision is part of the programme. This means that my son/daughter will not be directly supervised by a member of staff at all times.

Name of Parent or Guardian			
Address	Home telephone		
	Mobile telephone		
	Work telephone		
	Email		
Emergency contact number, if different during trip			
Approximate date of last tetanus injection			

Family Doctor		Practice & telephone number	
Where applicable for overseas trips, I confirm that my child has all the relevant inoculations (e.g. Yellow Fever, Typhoid, Hepatitis A) and has the relevant medication (e.g. malarone for prevention of malaria)			

Signature of parent or guardian:

Date