

Name: _____ Date of birth: ____/____/____
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PARENT CONSENT FOR AN EDUCATIONAL VISIT

To be distributed with an information sheet giving full details of the visit.
Please complete this form in black ink.

Details of Visit to: CHATEUX DU BAFFY – ACW FRANCE

Visit Leader: HELEN LE MAITRE

From date 1st JULY 5th JULY

Medical information about your child

a) Does your child have any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food or other allergies and special dietary requirements of your daughter:

c) Are there any recent illness or accidents that staff should be aware of?

d) Please indicate the type of pain/flu relief medication your daughter may be given if necessary (delete as required):

Paracetamol / Nurofen / Ibuprofen / Imodium or similar / Flu remedies / Travel sickness tablets / Other:

e) Any other relevant information you would like to give us:

For residential visits and exchanges only

f) To the best of your knowledge, has your daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?
YES/NO

If YES, please give brief details:

g) Is your daughter allergic to any medication? YES/NO

If YES, please specify:

h) When did your daughter last have a tetanus injection? _____

Name of family doctor: _____

Tel. number: _____

Dr's Address: _____

My contact details:

Tel. Home: _____ Mobile: _____

Name: _____

Home address: _____

Email address: _____

Alternative emergency contact during the visit and on-island – if necessary:

Name _____

Telephone number: _____

Tel. Home _____

Mobile: _____

(Relationship to daughter)

Declaration

1. I would like my daughter to take part in the above mentioned visit or activity and having read the information provided agree to her taking part in the activities described. I understand that the visit includes periods of remote supervision during which the students will stay in groups of not less than three that they will be given a clearly defined area beyond which they must not go, and that they must report back to a member of staff at a pre-arranged location every 45 minutes.
2. I agree to my daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
3. I understand the extent and limitations of the insurance cover provided.
4. I consent to any emergency medical treatment required by my child during the course of the visit.
5. I confirm that my daughter is in good health and I consider her fit to participate.
6. I will inform the Visit Leader at departure of the trip of any changes to the medical information given on this form.
7. Delete the following as appropriate:

I understand that remote supervision is part of the programme. This means that my daughter will not be directly supervised by a member of staff at all times. The information regarding the remote supervision arrangements will be supplied by the Visit Leader

As part of the activities your daughter is involved in the Ladies' College may take photographs or video footage to use in printed publications or publicity or promotional material including the local press.

Can we use your daughter's photograph in this way? YES / NO

Any changes or additions to this information between the date of completion of this form and the start of the activity must be given in writing to the Visit Leader.

Signed: _____

Date: _____

Full name (capitals): _____

**THIS FORM OR A COPY/SUMMARY MUST BE TAKEN BY THE VISIT LEADER ON THE VISIT.
A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT.**