



## HEANOR GATE SCIENCE COLLEGE – SKI TOUR 2018 TRIP CONSENT, CONTACT AND MEDICAL FORM



PLEASE COMPLETE ALL SECTIONS

Student's name			Tutor group	
Trip / Visit to	<i>Amazer Lizum, Ski Tour 2018</i>	Students personal mobile number (if taking a phone on tour)		

### Emergency Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Email			

<b>Alternative contact</b>	Relationship to student:		
Address			
Name		Home	
Mobile		Work	

### Medical Information

Name of doctor		Tel no	
Address of surgery			

*Please delete as appropriate*

Does your child suffer with a medical condition that requires regular treatment?	Yes <small>continue below</small>	No
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My child suffers from (e.g. asthma)			
and has been prescribed the following medication	Name of medication	Dose	Frequency

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

My child has an allergy to the following	Allergic to	Type of reaction

My child has an up to date tetanus injection	YES NO
I am willing for my child to be given "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, insect bite antihistamine, travel sickness tablets and sun cream/aftersun if necessary	YES NO

Any medication required should be given to the your son / daughters group leader, clearly marked (in its prescription container if applicable) with name and full instructions for use.

Inhalers and "Epipens" may be kept by the student with spares given to your son / daughters group leader

I give authorisation for my child to keep an inhaler with them and use it as required	<i>(Please delete as applicable)</i>	YES NO
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### Dietary Information

Does your child have any special dietary requirements e.g. vegetarian, kosher, allergies	<i>(If Yes, please give details)</i>	YES NO

### Swimming

As part of the trip we will have the option of using a public swimming pool as one of the recreational evening activities. Students entering the pool are responsible for their own safety, as they would be in any UK pool. It is therefore important that we are made aware of any students who cannot swim or that may be 'weak swimmers' so that we can make sensible provision.

Can your child safely swim 20m unaided	<i>(Please delete as applicable)</i>	YES NO
Do you consider your child safe to swim without direct supervision?	<i>(Please delete as applicable)</i>	YES NO
Any other info regarding your child's swimming ability which you would like to share with us?		

### Additional Information

Please include any additional information as required

<b>Photography/Video</b> - Please tick the box if you <b>DO NOT</b> give permission for your child to be photographed and/or videoed for use in any school publicity material including parent magazine and the school website. *Photographs taken may also be used to keep parents and carers updated as part of the ski tour twitter feed.	
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### Declaration by Parent/Carer

1. I agree to my child attending this trip/visit/activity
2. I have read and completed this form and to the best of my knowledge the details given are true and accurate.
3. I agree to my child 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.
4. I will inform the teacher in charge as soon as possible of any changes in the medical or other details between now and the commencement of the visit/trip.
5. I understand that the full balance of the trip must be paid for in full prior to departure. If this is not the case then my child may not be allowed to travel and any payments made will not be refunded.
6. I understand that the tour company will provide ski instructors and students are only permitted to ski under the supervision of these instructors.

Signature		Date	
Print name			