

Trip: Year 12 and Year 10 Iceland Geography Trip

Date(s): Friday 5 April – Monday 8 April 2019

I have read the letter and accompanying information for parents giving details of this visit and consent to my son/daughter taking part. I would like to confirm interest in my son/daughter having a place on the visit and agree to make the initial deposit payment of £250 and any necessary additional payments as outlined in the accompanying information letter if my son/daughter has their place confirmed. I accept that, once a place on the trip has been confirmed, all payments are non-refundable unless another student is able to take the place instead.

General Information:

Student name		Form	
Home address inc. postcode			
Date of birth			
Gender			
Home telephone no.			
Student mobile			
Parent name			
Parent mobile			
Additional Emergency Contact:	Name	Number	

Medical and Dietary Information

Please give details below of any medical conditions (including Asthma, eczema etc.) from which the student suffers and any medication they will be taking. Please do not assume that staff will be aware of these from the school's records. We need to be aware of any, and all, pre-existing conditions that apply. Please also note any special dietary needs or other information that will assist staff in the care and supervision of your son/daughter.

Please tick this box if there are no medical conditions to disclose

Office Use Only

I also agree to authorise members of staff during the course of the visit to approve such medical treatment for my child including anaesthetic as is deemed necessary in an emergency on the advice of a qualified medical practitioner.

Signed: _____
[Person with parental responsibility]

Date: _____

Relationship to student: _____

Where the student will be aged 18 or over at the time of the trip they must also counter sign this form:

Signed: _____

Date: _____