

<b>Form OV 7A</b>	<b>PARENTAL CONSENT Pupil Information Form</b>
<b>Presdales School</b>	



**To be completed by group leader/organiser**

Visit to:		
Group Leader:		
Date of Visit:	From	To:

**To be completed by the parent/adult responsible for pupil.**

<b>Pupil's Name :</b> ..... <i>(block letters and as it appears on passport)</i>	
<b>Date of Birth:</b> .....	<b>Age on departure:</b> .....
<b>Passport No:</b> .....	<b>Nationality</b> .....
<b>Date of Issue</b> .....	<b>Expiry date:</b> ..... <i>(If applicable)</i>
Does the above pupil: <ul style="list-style-type: none"> <li>• Have a medical condition requiring medical treatment or medication? <span style="float: right;">Y/N</span></li> <li>• Have an allergy to certain medications? <span style="float: right;">Y/N</span></li> </ul> Is he/she able to administer his/her own medication? <span style="float: right;">Y/N</span> Please give details of medical condition/treatments or allergies to medications below:	
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? <span style="float: right;">Y/N</span> If yes, give details:	
Does he/she have any special dietary requirements? <span style="float: right;">Y/N</span> If yes, give details:	
I wish to draw the following to the group leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

<b>For Ski Trip Only</b>		
Head Circumference(cm)_____	Shoe size (UK)_____	Height (cm)_____
Ski ability (A, B, C, D, E - see key)_____		
A	No experience or only 2 hours on a dry ski slope	
B	Snowplough turns on gentle slopes or at least 4 hours dry ski slope	
C	Basic parallel turns and traverse across sleeper slopes	
D	Able to ski most runs with controlled parallel turn	
E	Advanced parallel turns on all slopes	

**EMERGENCY CONTACT INFORMATION**

		MAIN	ALTERNATIVE
Name:			
Relationship:			
Address:			
Telephone Numbers:	Day:		
	Evening:		
	Mobile:		

**FAMILY DOCTOR DETAILS**

Name:
Address:
Telephone Numbers:

**DECLARATION:** I have received and understood the details of the visit.

I agree that (full name of pupil): \_\_\_\_\_

- can participate in the visit and activities described;
- can be transported in the private vehicles of staff/volunteers supervising the visit;
- is in good health and fit to participate in the activities described;
- can receive medical treatment as necessary, including the use of anaesthetics.

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

It is usual for staff to take some photographs while on the trip, for display purposes, These may be used in the school newsletter or on the website. If you would prefer that your daughter/son does not feature in photographs of this trip used on the school website or in the newsletter, please tick this

box

Signed:	Name in Capitals:
Relationship	Date:
Address:	
Postcode:	
Telephone No:	

Where required, have passport sized photographs been attached:	Yes No – will follow Not required
Where required, has a valid E111 been attached:	Yes No – will follow Not required

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE EMERGENCY CONTACT.**

The declaration on this form must be signed by someone with parental responsibility for the pupil.