



Honiton Community College

PARENTAL CONSENT FORM FOR OFF-SITE ACTIVITIES

(Please complete and return this form. The form gives your consent for your child to participate in the activity listed below.)

Activity	SKIING – AUSTRIA (Zell am See)			
Dates	11 th February – 19 th February 2017			
Leader	Pippa Wyatt			
NAME OF STUDENT				
DATE OF BIRTH		TUTOR GROUP		
MEDICAL INFORMATION				
Any relevant information concerning your child's health requiring attention but which does not prevent him or her taking part should be noted below. Does your child suffer from any of the following			Yes	No
Suffer from allergies?				
Take medication?				
Name (s) of medication		Dosage:		
Experience Travel Sickness?				
Have diabetes?				
Have Asthma?				
Have Epilepsy?				
Does your child have any special dietary requirements?				
Has your child experienced any relevant recent illness / injuries joint problems / breakages? Please provide details below:				
Is your child able to Swim 50 metres			Yes	No
Is your child water confident			Yes	No
Height:	Weight:	Shoe Size:		
<ul style="list-style-type: none"> I would like my child to take part in the above mentioned activity and ,having read the information provided, agree for him/her taking part in any or all of the activity described I consent to any emergency medical treatment required by my child during the course of the activity I confirm that my child is in good health and I consider him / her able to participate I confirm that adequate arrangements have been made for the my child to be present and collected to meet the agreed travel arrangements 				
Signature of Parent/Carer		Date		
Name (Please Print)				
Address				
E Mail address:				
Tel No. Home		Tel. No. Work	Mobile No,	
Name Family Doctor		Contact No Of Doctor		

Please return Parental Consent form to Student Office or Jenny Bigmore, Principal's P.A