

FORM 'C'

DEPARTMENT OF EDUCATION

PARENT / CARER CONSENT FOR AN EDUCATIONAL VISIT

Establishment/Group: **Ballakermeen High School**

Details of Visit: Ski Trip to Folgaria – February Half Term 2024

I agree to (**full name of student as on passport**) taking part.

FIRST NAME	MIDDLE NAME	SURNAME

Date of birth of student _____ (dd/mm/yy)

I have read the information sheet. I agree to my son/daughter's participation in the activities described.

I acknowledge the need for my son/daughter to behave responsibly throughout the visit.

1. Medical information about your child

a) Any conditions requiring medical treatment, including medication? YES/NO
If YES, please give brief details:

b) Please outline any food allergies and/or special dietary requirements of
Your child:

c) Any other allergies?

d) Any recent illness or accident staff should be aware of?

e) Can be given pain relief (ie paracetamol) YES / NO

For residential visits and exchanges only

f) To the best of your knowledge, has your son/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 overleaf:

g) Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

h) Date of your son/daughter's last tetanus injection?

Month/Year

This date must be completed in order to ensure your child's place on this trip. Please contact your doctor's surgery to request the date of your child's last tetanus injection. If it is over ten years you will need to arrange a booster injection at your doctor's surgery and inform us of the date of the booster injection

i) For Watersports Trips Only - What is the swimming ability of your son/daughter?

Declaration

I agree to my son/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. I understand the extent and limitations of the insurance cover provided.

2. Contact telephone numbers:

a) First emergency contact

Name _____ Relationship to student _____

Home: _____ Mobile: _____ Work: _____

Email: _____

Home address: _____

b) Alternative emergency contact

Name: _____ Relationship to student _____

Home: _____ Mobile: _____ Work: _____

3. Family doctor:

Name: _____ Telephone No: _____

Address: _____

4. Signed: _____ Full Name (capitals) _____

Relationship to student: _____ Date: _____