



ESHER CHURCH OF ENGLAND HIGH SCHOOL
PARENTS CONSENT FORM (residential trips)

Trip: The Azores

Dates: 20-24 October 2019
Dates to be finalised

I wish my child: .....(name)

Tutor Group: .....

to be allowed to take part in the above mentioned school trip and, having read the information provided, agree to them taking part in any or all of the activities described. I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

Please delete and complete the following as is appropriate:

My child has; \*no illness, allergy or physical disability
\*the following illness or physical disability
(\*delete which does not apply)

..... which necessitates the following
medical treatment .....

I consent to any emergency medical treatment necessary during the course of the visit.

I consent/do not consent\* to my child being given a mild painkiller (paracetamol) if considered necessary by the party leader
(\*delete which does not apply)

Contact Details:

Name: ..... Telephone Number Home: ..... Mobile: .....

Please give an emergency contact in the event that we are unable to contact you through the above numbers:

Name: ..... Telephone number: .....

Please return to Mrs Trier, via Student Services, in a sealed envelope along with your deposit of £100.00, clearly marked with the student's name, tutor group, and trip name

I enclose the deposit of £100.00 towards the cost of this trip (cash/cheque: please delete as appropriate) [ ]

I have read the Information Letter and agree pay for the trip in instalments, as detailed in the Information Letter [ ]

I understand and accept that this form does not guarantee a place on the trip and should my child be successful with a place, my deposit will become non-refundable. [ ]

NB: Online payments will be available once places are confirmed

Deadline for Applications is Friday 7 December
please note places will be allocated on a first come, first served basis

Table with 4 columns: My child holds a UK passport, Y/N, If your child does NOT hold a UK Passport, please provide the nationality of the passport your child holds, Passport Expiry Date (DD/MM/YYYY), Name as it appears on your child's Passport.

Signed: ..... (Parent/Guardian) Print name: ..... Date:.....