PARENT CONSENT FORM (for school reference only)

Emergency details

Child's Full Name:
Full postal address:

Date of birth: Place of birth:
Parent's names:
Telephone number: Day: Evening: Mobile:

Medical and Dietary details

Name of doctor : Telephone number:
Details of any medical conditions, allergies (including allergy to any medication) and current medication:

Details of any personal issues we need to be aware of: bedwetting, night terrors, sleepwalking, travel sickness etc.

Details of anything concerning the health of a close relative of the child which may make it necessary to cancel/cut short the trip:

Details of any special dietary requirements:

Please confirm whether your child will have a valid EHIC card at time of travel Yes / No

Declaration

I agree to my child being given the medication detailed above and give permission for any emergency dental and medical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Guardian:.....

Date: