

Parental Consent and Medical Form – for a specific visit/trip Form EV4 (Academy)

School	Hermitage Academy
Visit to/Venue	Hochfugen Austria
Activities	Skiing, bowling
Pupil Name	
Date of Birth	

Date and time of Departure	28 th March 2024 - 14:00
Date and time of Return	4 th April 2024 - 22:00

1. General consent and indemnity (please tick)	Yes	No
I have received and read information (Academy Name) has provided for me outlining the type of visit and I understand the purpose and nature of the activities. I understand that during the visit the group will be under the supervision of a suitably qualified and experienced member of staff.		
I hereby undertake to indemnify (Academy Name) and the staff accompanying the group against any costs and expenses reasonably incurred by them on behalf of my child during the visit (for example, the cost of replacement food or clothing not supplied for a trip/visit). This indemnity will not extend to any claims, damages, costs or expenses against the risk of which (Academy Name) or member of staff are entitled to be indemnified under any policy of insurance.		

2. Medical Information about your child (please tick)	Yes	No
I agree to my child 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 will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the date of the visit.		

Please list any medical conditions or prescribed medication you want the school and group leader to be aware of. (In special circumstances you may wish to talk to the group leader prior to departure) List all medical needs:

3. Signature of parent/guardian.

I am therefore willing to allow my child to take part in the proposed visit(s) activities.

Name (capitals):	
Signature:	
Relationship to Young Person:	
Date:	
Emergency Contact Number:	