



The Nobel School

PARENTAL CONSENT FOR A SCHOOL VISIT

1. Details of visit to: **Aachen & Cologne**

Date: **04.12.19 - 06.12.19**

I agree to (Student's Full Name) _____'s participation in the visit/event.

I acknowledge the need for (Student's Full Name) _____ to behave responsibly.

2. 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 special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

I give consent for medical/dietary information being passed to travel companies, accommodation or medical professionals.

Signed (Parent/Guardian)

Date

3. 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.

I give consent for medical treatment to be administered as required.

Signed (Parent/Guardian)

Date

Emergency contact telephone numbers:

Name _____

Work/Mobile: _____ Home: _____

Name _____

Work/Mobile: _____ Home: _____

Name of family doctor: _____

Address: _____

I give consent for publicity photos being taken throughout the visit/event and to these being used in media to report on the event.

Signed(Parenr/Guardian)

Date