



# The Nobel School

PARENTAL CONSENT FOR A SCHOOL VISIT

1. Details of visit to: **France Saint-Omer**

Date: **25 to 27 March 2020**

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:

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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:

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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