



Our Lady and St Patrick's College, Knock

Parental Consent for an Educational Visit

(To be completed by a Parent/Guardian for an Educational Visit - Categories 3, 4 and 5)

Student Details			
Student Name		Tutor Group	
Date of Birth		Dates of Visit	

Emergency Contact 1		Emergency Contact 2	
Name		Name	
Home Number		Home Number	
Work Number		Work Number	
Mobile Number		Mobile Number	
Relationship to Student		Relationship to Student	

Medical/Other Information			
Medical Conditions		Medication (if relevant)	
Dietary Requirements		Special Educational Needs	
GP Name		Phone Number	

I give permission for my son/daughter to participate in the educational visit to Andalo, Italy from 10/02/2018 - 17/02/2018. I confirm that he/she is medically fit to participate.

I accept the Code of Conduct for Students on an Educational Visit and agree to all the arrangements, including supervisory arrangements, and any costs relating to my son/daughter being sent home early from the visit.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present.

I understand the extent and limitations of the insurance cover provided.

Parental Signature: _____

Date: _____

Ski trip 2018 Andalo

Name _____

***** (this must be exactly as it appears on your passport)**

Please note if your name is not as it appears on your passport you may incur and name changing fee at a later date)

Date of birth _____

Age at time of travelling _____

Height (in metres and cm) _____

Weight (in kg) _____

Shoe size _____

Passport number: _____

Country of Issue: _____

Nationality: _____

Expiry date (date/month/year) _____

Have you ever skied before Yes _____ No _____

How many times have you skied before? _____

Do you require ski lessons Yes _____ No _____

***Ski lessons. This lesson is for those who have never skied before. (Usually booked over Halloween half term – in WeAreVertigo)**