



South York

MULTI-ACADEMY TRUST

Fulfordgate, Heslington Lane, Fulford, York. YO10 4FY
T: 01904 633300 E: office@fulford.york.sch.uk W: www.fulford.york.sch.uk

SJ/CM

February 2019

Dear Parent/Carer,

Please find attached a collective passport form which I would be grateful if you could fill in and return to the school office with a **passport photograph**, with your child's name on the back by **Wednesday 6th March**, so that a group passport can be arranged. **(Please make sure you fill in the correct form. There is a form for children born in the UK and a form for those born outside the UK).**

I also enclose medical consent and code of conduct forms which I would be grateful if you could fill in and return with the passport form.

Students will also, at this point in time, need an **EHIC** card to take with them on the trip, I would be grateful if you could make arrangements to acquire one for your child, if you have one already please make sure it is in date.

Yours sincerely

Mrs S Jagger
Head of Girls PE

FULFORD SCHOOL/PGL

Consent Form to Attend an External Visit

Place of Visit: **ARDECHE FRANCE**

Date of Visit: **THURSDAY 23RD MAY - FRIDAY 31ST MAY 2019**

Name of Pupil _____ Form

Address

Home Telephone No _____

Date of Birth

Telephone numbers where parents may be contacted:

Daytime

Evening

—

Please indicate with an * which two numbers should go on the phone tree.

Dietary Requirements

Medical Information

Name of Doctor

Telephone Number

Please give details of any medical conditions (including that of any close relatives on whom the trip may depend. Allergies and current medication

You provided medical information at the beginning of the School Year. Please indicate below if these details have changed.

Date of last Tetanus injection _____

Swimming Ability

I confirm that my child can confidently swim 50 metres

Signature

Date.....

* I do / do not consent to my son/daughter _____ attending the visit. I am satisfied that he/she is fit to attend the visit. I acknowledge the need for good conduct and responsible behaviour on his/her part.

* I agree / do not agree to my son/daughter being photographed during the visit.

* I agree /do not agree to my son/daughter being administered paracetamol or ibuprofen if necessary

I agree, unless otherwise indicated, to any emergency medical treatment necessary during the visit and understand this to include any emergency first-aid treatment by the qualified staff involved.

I hereby give permission for my child to participate in the PGL adventure to Ardeche on 25th May to 2nd June 2017.

I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible

Signed _____

Date

_____ (Parent/Carer) * delete as appropriate