Dear Parent/Guardian,

This form will give consent to the student stated below to attend and participate in activities as described in documentation given to you by the School. It will also provide essential information in the event of an emergency. If you have any queries about the nature of activities or conduct of the Educational visit/trip, please do not hesitate to contact the group leader in charge of the visit.

**Educational trip details:**

|  |  |
| --- | --- |
| Place of visit: |  |

**Dates:**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** | | **To** | |
| Date |  | Date |  |
| Time |  | Time |  |

I have read the information sheet and hereby consent to my son’s/daughter's participation in the above educational visit. I also agree to his/her participation in any or all of the activities involved. I acknowledge the need for responsible behaviour on his/her part.

|  |  |
| --- | --- |
| **Name of parent/guardian:** |  |
| **Signature:** |  |
| **Date:** |  |

**Section A – Completed for both local, residential and exchange trips**

**Student's details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name as written on passport or ID:** | |  | |
| **Student Nationality:** | |  | |
| **Student** | |  | |
| **Passport Number** |  | **ID Number:** |  |
| **Date of Birth** |  | **Student mobile number:** |  |
| **Home Address** |  | | |
|  |  | | |
|  |  | | |

**2) Medical Information about your child**

(a) Any conditions requiring medical treatment, including medication? **YES / NO**

If you answered YES above, please give brief details and describe the medication, dosage and frequency required:

|  |
| --- |
|  |
|  |

(b) Please outline any food or allergies and special dietary requirements of your child:

|  |
| --- |
|  |
|  |

(c) Special dietary needs:

Tick what is relevant:

|  |  |
| --- | --- |
| I eat everything |  |
| Gluten free and coeliac |  |
| Dairy free and lactose free |  |
| Vegetarian |  |
| Vegan |  |
| Paleo |  |
| FODMAP |  |
| Tree nut and peanut allergies |  |
| Fish and shellfish allergies |  |
| Do not eat Pork |  |
| Egg allergy |  |

(c) Any recent illness or accident which staff should be aware of?

|  |
| --- |
|  |
|  |

(d) The type of pain/flu relief medication your child may be given if necessary:

|  |
| --- |
|  |
|  |

(e) Does your child suffer from travel sickness? **YES / NO**

If you answered YES above, have you provided him/her with sickness prevention tablets? **YES / NO**

Would you please give us information on the type of medication and instructions for use? Please clearly state if we need to re-administer upon return.

|  |
| --- |
|  |
|  |

**Section B – To be completed for residential visits and exchanges only**

(a) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? **YES / NO**

If YES, please give brief details:

|  |
| --- |
|  |
|  |

(b) If your son/daughter allergic to any medication/infection venom/ food/ adhesive plasters? **YES / NO**

If YES, please specify:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

(c) Approximately when did your son/daughter last have the following vaccinations?

|  |  |  |  |
| --- | --- | --- | --- |
| Tetanus: | **YES / NO** | If yes, specify the date of vaccination |  |
| COVID-19: | **YES / NO** | If yes, specify the date of vaccination |  |

(d) Any other additional comments, i.e. important information the School should be informed about.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Section C – To be completed by all applicants: local, residential and exchanges visits**

**Parents/Guardian information**

**Father's details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile |  |

**Mother's details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile |  |

**Guardian's details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile |  |

**Alternative emergency contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Mobile |  |
| Name |  | Mobile |  |
| Name |  | Mobile |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Family Doctor** |  | **Telephone number** |  |

If not already completed in Section B, please specify any additional comments you would like to share with the School, i.e. is there anything else about your son's/daughter's needs that it would be helpful for us to know about?  **YES / NO**

If YES, please specify:

|  |
| --- |
|  |
|  |

**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 confirm that the contact details given below are to be used in the event of an emergency or in the event of my son/daughter being returned home for some other legitimate reason and that at least one of the named contacts will be available throughout the duration of the off-site visit.

|  |  |
| --- | --- |
| **Name of parent/guardian:** |  |
| **Signature:** |  |
| **Date:** |  |

**Steps to follow:**

(a) Complete the above or electronic version of this form.

(b) Scan the document and forward it back to your trip leader

(c) Scan copy of the receipt showing proof of payment (Full Amount (local trips), Deposit followed by Full Amount (residential/exchange trips)

**For Residential/exchange trips, the following needs to be done:**

(a) Scan a copy of your travelling documents, i.e. Passport or ID and email the copy to your trip leader

(b) Authorisation from parents for students to travel abroad:

For students under the age of 18, travelling abroad need BOTH parents to complete a separate AUTHORISATION FORM (see separate sample document). This document will be shown with Passport/ID at Passport Control.

**Note** this Authorisation letter MUST be certified by your local municipality representative or an authorised certifying officer.

A certifying officer near our School is:

Mr Charalambos Karatzias

52A Athalassa Avenue

2023 Nicosia

Cyprus

Phone: 22420316

Mobile: 995603165

Other certifying can be found here: https://www.oncyprus.com/en/dir/cyprus\_Nicosia\_certifying\_officers.html

The trip organiser will give more information about this.

For office use:

**THE GROUP LEADER MUST TAKE THIS FORM, OR A COPY OF IT, ON THE VISIT. A COPY SHOULD ALSO BE MADE AVAILABLE TO THE ENGLISH SCHOOL EMERGENCY CONTACTS**