

ASHLYNS SCHOOL



Ski Trip 2020 - Killington/New York

Medical Consent Form

Student Name		Student date of birth	
Student Address		Parental email	
Emergency Contact 1 Name/ Relationship		Emergency Contact 1 phone number(s)	
Emergency Contact 2 Name/ Relationship		Emergency Contact 2 phone number(s)	

Parent / Carer Details (if different to Emergency Contacts above)	
Phone number(s)	

Doctor		Telephone No	
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I/we give permission, in the event of an emergency, for medical treatment to be authorised and I/we will ensure any medication including inhalers needed by my son/daughter/ward, is taken on the visit.

I am aware that I need to apply for a VISA or obtain an ESTA to enter the USA and any passengers over the age of 16 at the time of travel will be subject to a £78 Air Passenger Duty in addition to the cost.

Signed _____ Date _____

If any of the above details change you must inform the school immediately.