



DOLLAR ACADEMY

Please complete the following Permissions Form and return to **Mr Moore**, Room W01, West water Building, or to your Business Education Teacher.

I, parent/guardian of
in Form Class..... have received the details of the China trip to take place between 09-20 October 2019 and give permission for my son/daughter/ward to take part. I confirm that I will pay a non-refundable deposit of £250 shortly via parent pay, and further payments to the total of £2,499, as detailed in the joining instructions to follow.

I understand that in the event of serious accident or injury to my son/daughter/ward every effort will be made to contact me. Where this proves impossible, I hereby consent to my son/daughter/ward receiving any medical/surgical/dental treatment including a general anaesthetic and/or blood transfusion (please delete as appropriate), as considered necessary by the Medical Authorities present.

I understand that it may be necessary, in exceptional and emergency circumstances, for me or a nominated representative to travel to the site of medical treatment (which may be to the group's location) to take over responsibility for my son/daughter/ward.

Should my son/daughter/ward require treatment for minor ailments, I give permission for e leaders or their deputies to administer, as appropriate (*strike out whichever does not apply*):

1. paracetamol or other analgesics (for relief of pain or fever)
2. antihistamine (for relief of hayfever, insect bites or other allergic reactions)

I give details below of any other medication, prescribed or non-prescribed, that my son/daughter/ward may need to carry, or those to which he/she is allergic.

I furthermore give permission for trip leaders or their deputies to help administer these medicines if required.

<p>1. Current medical conditions or concerns of which expedition staff should be aware (please include any relevant condition already notified to the school):</p> <p>.....</p> <p>.....</p>
<p>2. Medication required for this / these condition(s)</p> <p>.....</p> <p>.....</p>
<p>3. Instructions for the administration of any medication being carried to treat the condition(s):</p> <p>.....</p> <p>.....</p>
<p>I can be contacted at the following numbers at all times during the time of the trip:</p> <p>.....</p> <p>.....</p>

Signature Date