**Wales Residential Trip**

Students Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form \_\_\_\_\_\_

1. My emergency telephone contact details are

……………………………………………………………... Relationship to student: …………………………………..

1. I give/ do not give consent (please circle) for any photographs that may be taken during this visit to be used on the school website / twitter page.
2. Details of any medical conditions/medication currently being taken or special dietary requirements

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1. In the event of illness or accident requiring hospital treatment, I authorise the group leader to sign on my behalf any written form of consent required by hospital authorities

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Person with Legal Responsibility)

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_