



YEAR 6 FRENCH TRIP AND BATTLEFIELDS TOUR 2023 CONSENT FORM

Name of Child:

I am happy for my child to be included in the Windlesham House School Modern Languages Department trip to France, staying in the Château du Broutel, in Northern France, from Monday 19th June and returning on Friday 23rd June.

ALL PASSPORTS

Please complete the information below in full:

Full Name (as shown on passport)	
Place of Birth (as shown on passport)	
Nationality (as shown on passport)	
Passport Number	
Expiry Date	

*** I give permission / I do not give permission** for my child to be included in photos and/or videos documenting the trip, which will be shared securely with parents via the Parent Portal/Windlesham Newsletter both during and after the trip. **(*Please delete as appropriate)**

Signed:

(Parent/Guardian) _____

Name

(Please print) _____ **Date** _____

Please return the completed form by 12th June to the school office (whsoffice@windlesham.com)

Contact Information for the period of the trip/activity

Name and relationship to the pupil	
Home address	
Daytime phone number	
Evening phone number	
Email address	

Please provide an alternative contact if you are not available

Name	
Relationship	
Contact number	
Address	



Medical Statement & Consent

The following form must be completed by a parent or legal guardian only

Statement:

For the period Monday 19th June to Friday 23rd June, I hereby grant authority to the Centre Hospitalier de l'Arrondissement de Montreuil-sur-mer or another hospital, to provide any necessary medical treatment and to release them to the accompanying school teacher and representative of Windlesham House School who brought them in.

I give consent for a member of Windlesham House School to administer first aid and over the counter or prescribed medicines, such as paracetamol, to the pupil named below.

Your name	
Your relationship to the pupil	
Your signature	
Date	
Pupil Name	

**Windlesham House School
Medication Consent Form**



This form must be completed and handed to the nurse or in the case of a trip to the member of staff responsible for administering medicine on that trip. Medication will not be given unless this form is complete.

All medication must be provided in its original packaging. All prescription medication must also have the name of the child and dose on the label. We cannot administer prescription medication that is not for that child.

A: PERSONAL DETAILS

Pupil's Surname	First Name	Form

B: MEDICATION

Name of Medication	Time of Dose	Amount to be given	Start and End Dates

C: CONDITION

The medication listed above has been prescribed by:

family doctor hospital consultant provided by me as over the counter medicine

For treatment of the following condition

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D: CONSENT

I give permission for the medication to be administered as detailed above during my child's trip.

Name	Signature	Date

Do you wish the medication to be returned to you at the end of the school trip? Yes/No

To be completed by the member of staff

I have received the medication in the correct packaging and have checked the label and dose.

Name	Signature	Date