



GLENLOLA COLLEGIATE SCHOOL



PARENTAL CONSENT FORM FOR EDUCATIONAL VISITS

Pupil's Name _____

Form class: _____

Activity/Trip Hockey Super Cup Final at Stormont

Dates of Visit: 21/11/18

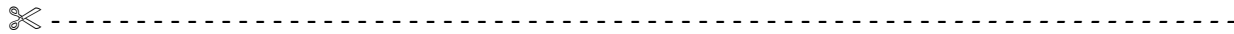
Pupils accompanied by: Teaching Staff

Cost: £1.00

Method of Transport: Bus

Information: Buses will leave School at 12.45pm and return at 3.30pm
Pupils should wear PE kit as it will be cold and rain is likely.

Parents/Guardians to retain this portion of the form



Please complete the information below and return this part of the form only to School

GLENLOLA COLLEGIATE SCHOOL CONSENT FORM

Activity _____ Hockey Super Cup Final _____

Pupil's Name _____

Form class _____

1 Any current medical condition/any medication being taken: _____

2 Any other relevant information which may affect her participation in the visit (including allergy or dietary requirements):

3 Emergency contact numbers: Home: _____

Mobile: _____ Other: _____

I accept the established code of conduct for the educational visit and agree to the arrangements relating to my daughter returning home from the visit due to unforeseen circumstances.

I consent to my daughter receiving emergency medical treatment, including anaesthetic, as considered necessary, by the medical authorities present.

All information collected is confidential and held securely in accordance with GDPR. The School has a duty to protect this information.

The School's Privacy Notice is detailed on the website www.glenlolacollegiate.net

Parent/Guardian Consent: _____

Date: _____