



GLENLOLA COLLEGIATE SCHOOL



PARENTAL CONSENT FORM FOR EDUCATIONAL VISITS

Pupil's Name _____ Form class: _____

Activity/Trip HISTORY AND GERMAN TRIP TO BERLIN

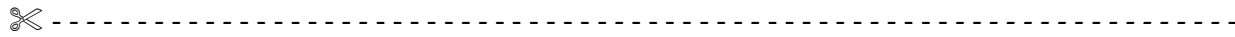
Dates of Visit: 22/10/20-25/10/20

Pupils accompanied by: Mrs J McMillan, Mrs L Boyd, Miss R Cardwell and Miss T Richardson

Cost: £575 Method of Transport: Plane and Coach

Information: See attached letter

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 _____

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: _____