**Medical Consent: St Peter’s Catholic School Ski trip (10th February – 17thFebruary 2023)**

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| Student’s full name (printed): |  |
| Date of Birth: |  |
| Home address: |  |
| Doctor’s Name: |  |
| Doctor’s address: |  |

I agree that the staff of St Peter’s Catholic School leading on the school ski trip are acting in ‘loco parentis’. While my child is in their care and supervision, I have given permission for my child to be examined by and receive treatment if necessary from a medical or first aid professional.

In the event of this happening a member of staff will be in communication with me and I will be expecting to be fully informed of any event and course of action.

Parent/carer name and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_