

EDU SKI CAMP - 2021
Parent Consent form

Name of Child _____ Grade: _____ Blood Grp: _____

Name of activity: _____ Location: _____ Days: _____

Family Doctor _____ Doctor's No: _____

Does your child suffer from any medical conditions/allergies that the School should be aware of (including any current medication)

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.....
.....

Please provide details of medication that must be administered (with Dosage):

1.
2.
3.
4.

Emergency contact details:

1. Name: Mobile no:
2. Name: Mobile no:
3. Name: Mobile no:

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the school.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I consent to my son/ daughter travelling by any form of transport (airplane, bus, car, public transport, minibus or motor vehicle)
- d) I understand that the school or Organisers accept no responsibility for loss or damage of belongings or injury caused by or during attendance on any of the school organised activities.
- e) I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- f) In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- g) I confirm that my child is not presenting any of the following symptoms of COVID-19 listed below:
 - a - Fever
 - b - Shortness of Breath
 - c - Loss of Sense of Taste or Smell
 - d - Dry Cough
 - e - Runny Nose
 - f - Sore Throat
- h) I am aware and understand that the school or Organisers will follow all the government norms regarding Covid 19 and will take utmost care. But if my child may get an infection during this camp, I will not hold the school, organizers, staff and other accompanying children accountable for the infection.

Signed by (Parent/ Guardian)

Date: