

CONSENT FORM FOR STUDY TOUR

JUDEANS ON ROAD 2023

DATES: 30, 31 October & 01 November

PLACES: MADURAI & KODAIKANAL

To

The Principal,
St Jude's Global School,
Thalappady, Manarcad

Name of the Student	
Class & Division	
Father's Name	
Mother's Name	
Local Guardian	
Emergency Contact Number (1)	
Emergency Contact Number (2)	
WhatsApp Number	

- I agree to my son/daughter attending the proposed study tour and his/her participation in any of the activities.
- I have assured that he/she understands the importance of his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I accept that I may be required to bear the cost of any loss or damage that he/she causes during the Study Tour.
- I agree that during the Study Tour, Mobile Phone/Pen drive/Memory Card / or any other electronic gadgets are strictly banned.
- I concur that, during the study tour, the consumption of outside food, soft drinks, or any other edibles is strictly prohibited, and only items provided by the tour management are allowed.
- I have received comprehensive details of the above study tour and am aware of the School policies and guidelines in relation to tours.
- I agree to be at the pick-up / drop off point at the agreed time.

Signed by: (Name) _____

Relationship with student: _____

Date : _____

Signature : _____

MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and / or medication?
YES / NO. If yes, please give details of dose, frequency and route of administration.

2. Does your child have any allergies? YES / NO. If yes, please give details.

3. Please provide any further information you feel is necessary

Declaration :

1. I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.
2. I authorise a member of the Tour Management who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
3. In the event of illness or an accident requiring medical treatment, I agree to my son/daughter receiving treatment as considered necessary by the medical authorities.
4. I understand that the Tour Management and voluntary helpers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her.
5. I also agree to bear the cost of any loss or damage caused by my son/daughter which is not covered by insurance.

Signature of the Parent:

Date:

Name of the Parent: