



KINGSBRIDGE COMMUNITY COLLEGE

Balkwill Road, Kingsbridge, Devon TQ7 1PL

t 01548 852641 f 01548 854277

Principal : Roger Pope

www.kingsbridgecollege.devon.sch.uk

Parental Agreement

SKI TRIP 2011 to AROSA Friday 18th – 26th Feb

I agree to my child taking part in the activity detailed in the letter dated 28th March 2010. I enclose the cheques required payable to The Ski Company

Name of Student **Tutor**

Date of Birth

Information about your child's health (allergies, travel sickness, medication/dosage, diabetes, asthma, epilepsy)

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Name of family doctor

1. I would like my child to take part in this visit or activity and having read the information provided agree to him/her taking part in the activities described.
2. I consent to any emergency medical treatment required by my child during the course visit.
3. I confirm that my child is in good health and I consider him/her fit to participate.
4. I confirm that I have read the College Behaviour Management Policy and agree that it will apply to my child

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Address.....
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Please give three numbers that you can be contacted on in case of emergency.

Emergency contact names and numbers

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