

## Permission Form for the Year 13 Tongariro Trip - 4 - 6 May, 2016

Name: \_\_\_\_\_

Form Class: 13 \_\_\_\_\_

Student mobile phone number: \_\_\_\_\_

### PARENTS/GUARDIANS

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or mobile number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or mobile number: \_\_\_\_\_

Another emergency contact name and number: \_\_\_\_\_

### DIETARY REQUIREMENTS

Vegetarian? Gluten Free? etc \_\_\_\_\_

### HEALTH

Please state any health problems your daughter might have:

Problem/Allergy: \_\_\_\_\_

Medication carried on the trip: \_\_\_\_\_

Medication Daily Doses (please specify): \_\_\_\_\_

Last tetanus injection: \_\_\_\_\_

### PARENTAL/GUARDIAN PERMISSION

I approve of my daughter attending the trip to the Tongariro National Park.

I agree that my daughter will at no time leave the trip unsupervised

I authorise the obtaining of medical assistance for my daughter if in the opinion of the staff such treatment is necessary and agree to meet any costs incurred

I agree that my daughter will abide by all school rules on the trip.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT DECLARATION

I agree to abide by the normal school rules on this trip

I agree that at no time I will leave the trip unsupervised

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS FORM TO YOUR TEACHER BY FRIDAY 15<sup>th</sup> April