



**Dollar Academy Geography Trip to Iceland 2009 - Application Form**

Name of pupil (as appears on passport – Title, First and Surnames\*)

..... Form Class .....

*\*name changes after booking will incur an administration fee which will be the responsibility of the pupil concerned.*

Date of Birth ..... Age on 2 April 2009 – Years..... Months .....

Nationality .....

Address

.....

..... Tel no. ....

**I understand that in the event of accident or injury to my son/daughter/ward every effort will be made to contact me. Where this proves impossible, I hereby consent to my son/daughter/ward receiving any medical/surgical/dental treatment including a general anaesthetic and/or blood transfusion (please delete as appropriate), as considered necessary by the Medical Authorities present. I understand that it may be necessary, in exceptional and emergency circumstances, for me or a nominated representative to travel to the group's location to take over responsibility for my son/daughter/ward.**

**Current medical conditions of which staff should be aware:**

.....

Signed .....

Date .....

\* Parents/guardians are asked to write their names in the form to which any possible correspondence should be addressed (e.g. Mr John A. Smith: Dr Mary Jones etc.).

Please note – a fuller version of this consent form will also be sent for completion shortly before the departure of the party, accompanied by a letter giving full details of finalised programme, timings etc.