

**Holiday Travel Consent Form** (to be completed by a parent/legal guardian of The Child)

Child's full name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Passport number: \_\_\_\_\_ Valid until (date): \_\_\_\_\_

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I, \_\_\_\_\_, am a parent/legal guardian of The Child

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ mobile \_\_\_\_\_ Email \_\_\_\_\_

The Child has my consent to travel with Holiday Leaders:

**Hugh Hunt**

and

**Beatrice Hunt**

Mobile: +44 7807 420594

Mobile +44 7841 411911

to stay at **6 La Ravrie (near Gavray) Normandy, 50450, France** (Tel: +33 2 33 50 11 70)

during the period of \_\_\_\_\_:

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**Health Information**

EHIC (European Health Insurance Card) number

Travel Insurance details

The Child may swim under supervision..	Yes/No
The Child may swim unattended.	Yes/No
The Child may swim in the sea.	Yes/No

Date of last Tetanus injection

Family Doctor's Name, Address and phone

Please list here:

1. any known Infectious Diseases with which the Child has been in contact within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)
2. Any Known Allergies/Sensitivities/Disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.)
3. Details of any Medicines/Diets/Treatments currently being Taken/Followed (including dosage details) & the Specialist and Hospital concerned if appropriate.

If it becomes necessary for The Child to receive medical treatment I give my general consent to any necessary medical treatment and authorise either of the Holiday Leaders to sign any document required by the hospital authorities.

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**Declaration** – signature of parent/legal guardian

I give permission for The Child to attend the Holiday. During this period I can be contacted at the address given above

Signature: \_\_\_\_\_ Date: \_\_\_\_\_