

CONFIDENTIAL INFORMATION

PLEASE COMPLETE BOTH PAGES OF THIS FORM

Visit to:	Start date:	End date:
Student Name:		Tutor Group:
Student Date of Birth:	Age at time of travel: Years / Months:	
Student Nationality:	Town of Birth:	
Student Home Address:		
Next of Kin:	Relationship:	
Home Telephone:	Mobile:	
Email:		
Emergency contact details if different from above:		

Medical Information

Doctors Name:	Doctors Contact Number:			
Doctors Address:				
Does your child suffer from or has he/she ever suffered from any medical disability, including – diabetes, heart disease, epilepsy, fainting spells, vertigo, motion sickness, any allergies to medication, food, animals etc. If so, please give specific details:			YES	NO
If YES Please specify				
Has your child had any recent illness, treatment, possible contact with contagious or infectious diseases or other health matters of which the party leader and activity provider should be aware:			YES	NO
If YES Please specify				
Is there any other relevant information of which the party leader, activity provider or Centre should be aware of or given advice on, for example: vertigo, claustrophobia, agoraphobia, colour blindness, panic attacks etc?			YES	NO
If YES Please specify				

I give permission for my child to be given Paracetamol if required	YES	NO
I give permission for my child to be given Ibuprofen if required	YES	NO
Is your child at present receiving any special medicines or treatment?	YES	NO

If YES Please specify

Does your child have any special dietary requirements?

YES

NO

If YES Please specify

Date of your child's last tetanus injection:

SWIMMING ABILITY: Please tick appropriate box.

Normally the minimum requirement for participation in water activities is to be able to swim.

Non Swimmer		Swims 10m		Swims 25m		Swims 50m		Swims more than 50m	
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DIGITAL IMAGES: During the course digital images may be taken of individuals and groups during activities. These may be put onto a CD, used as part of a presentation, used on the school's social media feeds or displayed on the school website.

I agree / disagree (please delete as appropriate) to images of my son / daughter being included on a CD, used as part of a presentation, used on the school's social media feeds or displayed on the school website.

Signature (Mr/Mrs/Ms)_____

STATEMENT

- I have read the proposed itinerary, activities, financial and general information for this visit and agree to my son/daughter named above attending and participating fully in the proposed activities.
- I agree to inform the Headteacher of any change in my son's/daughter's medical or other condition(s) or any other relevant circumstances before the start of the visit.
- I agree to my son/daughter receiving any and all emergency medical treatment, including anaesthetic and/or blood transfusion, as may be considered necessary by the medical authorities in attendance should the need arise.
- I understand the extent and limitation of the insurance provided. Full details can be found on the school website.

Although regrettable, there are occasions when it may not be possible to accommodate persons with particular or extensive conditions or special needs on some visits or in some activities since their health & safety may be placed at unacceptable risk. In such cases the decision of the Headteacher is final.

Signature of Parent/Guardian: _____ Date: _____

Name (please print)_____

Contact Tel no: Home: _____ Mobile: _____

I can be contacted at:

Home Address:

Work Address: