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| ESSENTIAL INFORMATION for NON-RESIDENTIAL TRIPS AND VISITS*Please complete in BLACK ink* |
| NAME OF STUDENT IN FULL:  | Tutor Group: |
| DATE OF BIRTH: |
| ADDRESS:Post Code: | **Home phone number:** |
| (Please supply number available 24 hours)1st Emergency contact name:…………………………………………………………………………………….1st Emergency contact phone numbers: 1)…………………………………………………………. 2)………………………………………………… |
| 2nd Emergency contact name:……………………………………………………………………………………2nd Emergency contact phone number: 1). ………………………………………………………. 2)…………………………………………………… |
| ANY OTHER EMERGENCY CONTACT NUMBERS - IF DIFFERENT FROM ABOVE: |
| Name of Doctors Surgery: |
| Doctors Telephone number: |
| Medical Card Number:(if known) |
| Date of last Tetanus injection: |
| Any allergies: |
| Any special medical treatment: (please specify) |
| Please add information if your child has been hospitalised in the last six months: |
| Any special Dietary needs: |
| My child can swim 50metres 🞎yes 🞎no |
| I give permission for my son/daughter to be filmed/photographed for promotional purposes: 🞎yes 🞎no |
| DECLARATION:1. I agree that my child may participate in the school trip.
2. I agree that my child is fit to participate in the activities to be undertaken.
3. I give permission for any dental or medical treatment which may be necessary whilst my child is away from home.
4. I understand that this information will be kept on file and used for all non-residential trips unless I inform the school otherwise.
5. I agree to check parent portal before my child attends a trip and inform the school imediatley if the details above change in any way.
6. I understand that if my child does not behave to reasonable standards, arrangements could be made for him / her to return before the rest of the group.
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| SIGNED: ……………………………………………………………………………………………………. DATE: ……………………………………….(Parent/Carer)*PLEASE RETURN TO THE STUDENT SUPPORT OFFICE*  |