



STUDENT INFORMATION AND PARENTAL CONSENT FORM

Normandy 15-17 July 2019

Student Information:	
Full Name (as appears on Passport):	
Date of Birth:	
Address:	
Parent/Carer Contact Number(s):	
Parent/Carer Email address:	
Home Doctor Name and Address:	
Passport Number:	
Does the student have a full EU passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a non-EU passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please state Nationality and place of birth	
Passport expiry date:	
EHIC medical card number (Europe only):	
Date of last tetanus:	

Emergency Contact Details:	
Name of Contact:	
Relationship to student:	
Address:	
Telephone Number(s):	

Swimming:	
I confirm that this student can swim 50 metres	<input type="checkbox"/> Yes <input type="checkbox"/> No
A student who cannot swim 50 metres will not be permitted to take part in water based activities.	

Please list below any allergies that the student may have:	
Allergy information	Medication required for allergy? (if yes please list below)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list below any prescription medication that the student will require:		
Medication taken	Dosage	Time of Medication
1.		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
2.		<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Please sign any occasional medication that the student is permitted to have:		
On trips it is sometimes useful to have the ability to administer occasional medication to participants such as travel sickness, paracetamol. Please indicate below which you would allow us to administer under strict supervision and monitoring:		
Medication	Details	Signature if acceptable to administer

<p>To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or recently suffered from anything that may be contagious or infectious?</p> <p>If YES please give brief details below:</p>	YES/NO
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Dietary Information	
<p>Please mark, as appropriate any dietary requirements or allergies that your child may have.</p> <p>Other food allergies:</p>	<p>Vegetarian <input type="checkbox"/></p> <p>Gluten Free <input type="checkbox"/></p> <p>Dairy Free <input type="checkbox"/></p> <p>Nut Allergy <input type="checkbox"/></p>

Please write below any other relevant medical or special information that may be useful for the trip leader to be aware of: eg: phobias
<p>Medical Authorisation:</p> <p>In the event of the student being taken ill or is injured during the course of the event, I authorise a member of staff to sign any form of consent required by a medical practitioner provided that the delay on obtaining my own consent would, in the opinion of that medical practitioner, be prejudicial to the student's health.</p> <p>Signature of Parent / Guardian:</p>

DECLARATION

- (i) I would like my child to take part in the specified visit and having read any information which has been provided or attended an information evening, I agree to them taking part in the activities described.
- (ii) I consent to any emergency medical treatment required by my child during the course of the visit.
- (iii) I confirm that my child is in good health and I consider her fit to participate.

I agree to my child taking part in the above named school visit and to her receiving medication as instructed and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusions, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided (copy available on request).

Name of Student: _____

Signature of Parent: _____

Full Name of Parent: _____

Date: _____