

**Trip: Paris Trip December 2019**



Student name:

Mini group leader:

	Emergency contact 1	Emergency contact 2
Name		
Relationship to child		
Mobile number		
Landline number		

**Medical information:**

When did your child last have tetanus injection?

Is your child allergic to penicillin? YES NO

Is your child allergic to stings? YES NO

Is your child allergic to dressings? YES NO

Any other allergies? YES NO

Does your child have Asthma? YES NO

Does your child suffer from travel sickness? YES NO

Has your child been in a recent accident? YES NO

Any other recent illness or injuries? YES NO

Has your child been in contact with a contagious disease? YES NO

Please give details for any of the above statements in which you have answered YES.

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Details of any medical condition that your child suffers from and any medication he/she should take during the France trip:

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**Dietary information:**

Does your child have any specific dietary requirements?

- None Please give further details .....
- Vegetarian .....
- Vegan .....
- Halal .....
- Other .....
- Allergies .....

**Water activities: Please confirm the following**

Able to swim 50 metres? YES NO    Water confident in a pool? YES NO    Safety conscious in water? YES NO

**Extra information**

Please give details of any other information that mini group leaders will need to know:

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Please confirm the following:

- I have received full details about the France trip – location, activities, health and safety strategies.
- I consent to my child’s participation in this trip and the activities on the trip.
- I agree to support staff with any behavioural issues that my child is involved in.
- I agree to drop off and pick up my child at the correct times.
- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I consent to my child receiving medication as required and any emergency medical, dental or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by medical authorities present.

Name:

Relationship to child:

Signature:

Date: