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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. | | |
| SIGNED: ……………………………………………………………………………………………………. DATE: ……………………………………….  (Parent/Carer)  *PLEASE RETURN TO THE STUDENT SUPPORT OFFICE* | | |