

**Please ensure this information is accurate**

<b>Trip Destination:</b>			
<b>Details</b>		Office Notes:	
Student's First Name:		Full details for <b>student</b>	
Student's Surname:			
Class:			
Also known as:			
Date of birth:			
Gender:			
Are they in support of Pupil Premium Funding?			
<b>Parent/Carer 1 contact details</b>		Full details for <b>1<sup>st</sup></b> contact identified	
Name:		Full details for <b>2<sup>nd</sup></b> contact identified	
Address:			
Post code:			
Home Telephone No.			
Mobile No.			
Work Telephone. No.			
<b>Parent/Carer 2 contact details</b>		Full details for <b>3<sup>rd</sup></b> contact identified	
Name:		Full details for <b>3<sup>rd</sup></b> contact identified  Specify capacity known	
Address:			
Post code:			
Home Telephone No.			
Mobile No.			
Work Telephone. No.			
Relationship to child			
Name:		Full details for <b>3<sup>rd</sup></b> contact identified  Specify capacity known	
Address:			
Post code:			
Home Telephone No.			
Mobile No.			
Work Telephone. No.			
<b>Medical Conditions</b>	<b>Yes</b>	<b>No</b>	<b>Details</b>

# Trip Consent Form

Heart problems			<p>Provide all details of any and all medical conditions on the summary of information sheets.</p> <p>Check all medical conditions including travel sickness</p> <p>Nb. Dietary requirements are listed below</p> <p>*List all foods and food products which the student is allergic to.</p>
Respiratory problems: e.g. asthma			
Allergies: e.g. bee sting			
Travel sickness			
Epilepsy			
Phobias			
Bed wetting			
Recent illness			
Recent surgery			
Reaction to certain drugs			
Food allergies*			
Allergic to plasters			
Eczema or skin allergies			
Date of last Tetanus injection (if known)	Date:		
<b>Are there any activities in which they should not participate?</b>			
<b>Is your child currently prescribed any medication?</b>		<b>Give details and list the type of medication:</b>	
<b>What for?</b>			
<b>All medication is to be clearly labelled with your child's name, class and school and given to the Trip Lead.</b>		<b>Please ensure staff are aware of how this is to be administered. Include instructions with the medication.</b>	
<b>Do you give permission for staff to administer the following if necessary:</b>			
<b>Permission for medication</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Calpol			
Sting Relief and Antiseptic cream			
Cough Medicine			
Rehydration sachet			
Do you give permission for staff to seek medical assistance if necessary?		<b>Parent/Carer Signature</b>	
<b>List any dietary requirements including intolerances:</b>			
<b>Dietary Options</b>		<b>Comments</b>	
Vegetarian		<p>There will always be a vegetarian option.</p> <p>Specific food allergies need to be noted above.</p> <p>It may be useful to provide a separate list of foods which can be eaten</p>	
Other: Specific Dietary requirements			
<b>Name, address and contact No. of family doctor</b>			

Please provide any further information you feel is necessary