

STUDENT CONSENT AND EMERGENCY CONTACT FORM

Student Information

Details and Date of Visit: **France Trip to Normandy 2016**

Name: _____

Address: _____

Home Telephone: (include code) _____

Diet Declaration: (please tick as appropriate)

My diet is:-

All food

No meat/fish

Other (please give details below)

I require:- _____

Continue overleaf if necessary

Consent (Please tick as appropriate)

I am aware of the nature of the Programme that I am about to take part in, and I understand that I can seek more detailed information by speaking to:

Name: Mr J Hibbard and Ms R Mendonca (Leader in charge/principle/course co-ordinator)

My child will pay particular attention to matters of safety, behaviour and general procedure

I consent to my child taking part in all activities organised by in connection with the Programme.

Signed:

Date:

EMERGENCY CONTACTS AND MEDICAL INFORMATION

The following information will be treated in confidence.

Next of Kin: _____

Address: _____

Home Telephone (code _____) _____ Mobile _____

If Next of Kin can be contacted at work please give the telephone numbers

Name _____ Phone No (code _____)

Emergency Contact Numbers (Please delete as appropriate)

Relatives (R) or neighbours (N) that could help contact Parents/Carers quickly in case of emergency.

Name _____ (R or N) Phone No (code _____)

Name _____ (R or N) Phone No (code _____)

Name _____ (R or N) Phone No (code _____)

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other.
_____ None

2. Are you currently taking any medication? E.g. Antibiotics
_____ None

3. Is there anything else you would wish to bring to the Programme Leaders' attention? E.g. Travel sickness, incontinence, sleepwalker/restless sleeper or any other special needs.
_____ None

Doctor's Name _____ NHS No. _____

Address _____

In the event of a medical emergency every possible effort will be made to contact your next of kin. We request that you agree to you receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor. If you do not agree it will not necessarily bar you from attending, but we would be grateful if you would discuss this matter with :-

Your Leader in Charge/Principal/Course Co-ordinator: Mr Hibbard and Ms Mendonca

I consent to my child receiving medical treatment in the event of an emergency.

Signed: _____ Date: _____
Parent/carer