

# Residential Student Essential Information EV5

|   |                              |
|---|------------------------------|
| <b>NAME OF TRIP/ACTIVITY</b>  | <b>DATE OF TRIP/ACTIVITY</b> |
| <b>STUDENT NAME:</b><br>(Full name as on passport if trip abroad)   | <b>TUTOR GROUP:</b>          |
| <b>DATE OF BIRTH:</b>   |                              |
| <b>ADDRESS:</b>   | <b>HOME PHONE NUMBER:</b>    |
| <b>1<sup>ST</sup> EMERGENCY CONTACT NAME :</b>  |                              |
| <b>1<sup>st</sup> EMERGENCY CONTACT NUMBERS:</b>  |                              |
| <b>2<sup>nd</sup> EMERGENCY CONTACT NAME :</b>  |                              |
| <b>2<sup>nd</sup> EMERGENCY CONTACT NUMBERS</b>   |                              |
| <b>Passport number:</b><br>(if trip abroad)   | <b>Expiry date:</b>          |
| <b>NAME AND ADDRESS OF DOCTOR:</b>  | <b>PHONE NUMBER:</b>         |
| <b>SWIMMING ABILITY</b> (if included in the trip itinerary)<br>Non-swimmer <input type="checkbox"/> water confident <input type="checkbox"/> 50 metres plus <input type="checkbox"/>  |                              |
| <b>PLEASE GIVE DETAILS OF ANY ALLERGIES</b><br>(e.g. antibiotics, aspirin, nuts )   |                              |
| <b>PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS:</b> examples: Asthma Chest Complaints, Wheezing, Hay Fever, Migraine, Fits Fainting, Heat Condition Severe Headaches, Diabetes, Travel Sickness Or Any Other Disability?  |                              |
| <b>PLEASE GIVE DETAILS OF ANY REGULAR TREATMENT OR MEDICATION THAT THE STUDENT IS CURRENTLY RECEIVING.</b>  |                              |
| <b>HAS THE STUDENT BEEN HOSPITALISED IN THEN LAST 6 MONTHS?</b><br>(IF YES, PLEASE GIVE DETAILS)  |                              |
| <b>PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY REQUIREMENTS?</b> (e.g. vegetarian/halal/dairy free)  |                              |
| <b>DECLARATION:</b> <ul style="list-style-type: none"> <li>I agree that my child may participate in the school trip/activity</li> <li>I agree that my child is fit to participate in the school trip/activity</li> <li>I give permission for any medical or dental treatment which may be necessary whilst my child away from home to be carried out</li> <li>I understand that the teacher in charge may be required in an emergency to act in <i>loco parentis</i></li> <li>I understand that if my child's behaviour deems it necessary for them to return from the trip early I will either collect them or be liable for any costs involved as requested by the school</li> <li>I agree to contact the school if the details provided change in any way before the trip</li> </ul> |                              |
| Signed:.....<br>(Parent/carer)  | Date:.....                   |