

**INFORMATION REQUIRED FROM PARENTS/
GUARDIANS PRIOR TO RESIDENTIAL OFF-SITE VISITS**

Pupil's Name : Tutor Group:

Trip:

SECTION A

1. Address and telephone number where parent / guardian or other person with parental responsibility can be contacted in case of emergency.

(a) daytime	<i>Name/ Address:</i> <i>Telephone:</i>	(b) evening	<i>Name / Address:</i> <i>Telephone:</i>
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2. Does your child suffer from any allergies? *If so, please give details:*

3. If your child is taking medication, *please give details of dosage, etc.*

4. If your child has suffered any infectious, contagious or other condition in the last 3 months - *if yes please give details.*

5. Has your child received a tetanus injection in the last 5 years? YES / NO
6. Please give name, telephone number and address of family doctor:
7. Does your child have any specialist dietary requirements? *If so, please tick as appropriate:*
 Vegetarian Diabetic Other *please specify*
8. Does your child suffer from travel sickness?
If so, what arrangements need to be made: YES / NO
9. Is your child confident in water? If so how far can he/she swim? *Please tick the appropriate box*
 Cannot swim Still at the beginner stage Able to swim 25 metres
 Able to swim longer distances (greater than 25m) with ease
 A successful Bronze / Silver / Gold Life Saving Award holder
10. Are there any activities in which your child is unable to participate? *If so, please give details:*
11. Is there anything else (medical or otherwise) you think we should know about your child
(e.g. bedwetting, homesickness, etc)?

SECTION B (to be completed in addition to Section A by parents of pupils with special needs)

1. Has your child been away from home without you before? YES / NO
2. Does your child sleep with the light on? YES / NO
3. Please give details of any significant bedtime routine?

Signed : Date:

This form should be signed and returned to the Trip Leader, completed in all boxes, together with the signed consent form for the visit.