

HEALTH INFORMATION

STUDENT DETAILS

Please supply the following relevant information.

STUDENT NAME		TUTOR GROUP	
NAME OF PARENT/GUARDIAN		EMERGENCY CONTACT NO.	
ADDRESS			
	POSTCODE		
DOCTOR'S NAME			
DOCTOR'S CONTACT NO.			

HEALTH INFORMATION

Does your son/daughter suffer from...?

<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	ALLERGIES	<input type="checkbox"/>	EPILEPSY	<input type="checkbox"/>	OTHER
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If other, please give details:

Is your son/daughter taking any regular medication?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If so, please give details:

Does your son/daughter have an up-to-date tetanus immunisation?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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Has your son/daughter been hospitalised in the last 6 months?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If so, please give details:

Does your son/daughter have any special dietary requirements?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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If so, please give details:

If there is any other information that we should be aware of, please give details overleaf.

I give consent for my child to receive professional medical treatment in the event of an emergency.

I give consent for my child to be given paracetamol for fever/pain relief.

SIGNED BY PARENT/GUARDIAN		DATE	
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BEHAVIOUR CONTRACT

I understand that the rules of the trip are for comfort and safety of everyone. I understand the rules and in particular:

- That I must behave sensible and considerably at all times
- That I must do as asked by a member of staff
- That I must follow all rules concerning my safety and that of others
- That smoking is not allowed at any time
- That drinking alcohol is not allowed at any time

I agree to follow the rules throughout the trip.

Signed by student

Date

PARENTS AND CARERS

I have read the rules for the trip and I/we will support Corby Technical School in taking any reasonable action to enforce the rules where necessary.

Signed by
parent/carer

Date