

Robert Carre Trust – Student Health & Emergency Contact Form Appendix 13
Planned Activity: Spanish Exchange

Date(s) of Visit: 12/10/18 – 19/10/18

Surname.....Forenames.....

Parent Address during visit Date of Birth.....

..... Home Tel No.....

Post Code Work Tel No (+ ext).....

Mobile Numbers: (Please also state name and relationship of holder)

Name	Relationship to Student	Number

Doctor Tel. No

National Health No. (if known)

Is your son/daughter **allergic** to any medication, insect bites, food etc? Please specify

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Are there any **other medical conditions / issues**? Please specify and include details of any prescribed medicines your child will be taking during the trip. If your child suffers from Travel Sickness / Sleepwalking / Nocturnal enuresis please indicate here.

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Has your child received a tetanus injection in the last five years: YES/NO

Does your child have any special dietary requirements? Please specify

Please indicate normal pain relief medication & dosage your child takes.....

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In the event of illness or accident during the trip we would inform you as soon as possible. However, should an emergency require hospital treatment, and you cannot be contacted, we need to know if you would authorise the trip organisers to sign, on your behalf, any written form of consent required by the hospital authorities.

PLEASE DELETE THE STATEMENT THAT DOES NOT APPLY:

* I give the authority to the trip organiser to sign, on my behalf, any papers needed by the medical authorities in case of emergency hospital treatment.

* I wish to retain the authority to sign any medical forms and relieve anyone involved of all responsibility for any consequences resulting from delay due to lack of authorisation.

Signed Parent/Carer Date

Print Name:

TICK IF THE REVERSE OF THIS FORM IS USED TO GIVE ANY ADDITIONAL INFORMATION

