

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

Please complete and return toBy.....

PUPILS NAME.....CLASS.....

SCHOOL.....

SECTION A

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

DAYTIME Name / Address Tel: Mobile:
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EVENING (If different from daytime) Name / Address Tel: Mobile:

Second contact: Name.....Tel N.o.....

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 conditions in the last 3 months please give details.

5. Has your child received a tetanus injection in the last 5 years? (Please tick)

YES	NO
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6. Please give the name, telephone number and address of your family doctor.

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7. Does your child have any specialist dietary requirements? If so please tick box as appropriate.

Vegetarian	
Diabetic	
Other (please specify)	

8. Does your child suffer from travel sickness? YES / NO (delete as appropriate)

If so, what special arrangements need to be made:

9. Is your child confident in water? If so how far can he / she swim? Please tick

Cannot swim	
Still at beginner stage	
Able to swim 25 meters	
Able to swim further than 25m with ease	
A successful Bronze/Silver/Gold Life Saving Award holder	

10. Are there any activities that your child is unable to participate in? If so please give details.

11. Is there anything else (medical or otherwise) you think we should know about your child (e.g. bed wetting, homesickness, etc)?

SECTION B

(To be completed in addition to section A by parents of primary aged children and by parents of pupils with special needs)

1. Has your child been away from home without you before?

YES	NO
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2. Does your child sleep with the light on?

YES	NO
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3. Please give details of any significant bedtime routine?

SIGNED.....DATE.....