Student Essential Information EV5

SILVER DUKE OF EDINBURGH AWARD EXPEDITIONS	**DATE OF TRIP/ACTIVITY** **13-15th July and 11-13th October 2019**
STUDENT NAME: (Full name as on passport if trip abroad)	**TUTOR GROUP:**
DATE OF BIRTH:	
ADDRESS:	**HOME PHONE NUMBER:**
1ST EMERGENCY CONTACT NAME :	
1st EMERGENCY CONTACT NUMBERS:	
2nd EMERGENCY CONTACT NAME :	
2nd EMERGENCY CONTACT NUMBERS	
Passport number: (if trip abroad)	**Expiry date:**
NAME AND ADDRESS OF DOCTOR:	**PHONE NUMBER:**

SWIMMING ABILITY (if included in the trip itinerary)

Non-swimmer ☐ **water confident** ☐ **50 metres plus** ☐

PLEASE GIVE DETAILS OF ANY ALLERGIES
(e.g. antibiotics, aspirin, nuts)

PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS: examples: Asthma Chest Complaints, Wheezing, Hay Fever, Migraine, Fits Fainting, Heat Condition Severe Headaches, Diabetes, Travel Sickness Or Any Other Disability?

PLEASE GIVE DETAILS OF ANY REGULAR TREATMENT OR MEDICATION THAT THE STUDENT IS CURRENTLY RECEIVING.

HAS THE STUDENT BEEN HOSPITALISED IN THEN LAST 6 MONTHS?
(IF YES, PLEASE GIVE DETAILS)

PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY REQUIREMENTS? (e.g. vegetarian/halal/dairy free)

DECLARATION:

- **I agree that my child may participate in the school trip/activity**
- **I agree that my child is fit to participate in the activities involved**
- **I give permission for any medical or dental treatment which may be necessary whilst my child away from home to be carried out**
- **I understand that the teacher/WCC instructor in charge may be required in an emergency to act in *loco parentis***
- **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**
- **I agree to contact the school if the details provided change in any way before the trip**

Signed:……. **Date:…….**
(Parent/carer)