

Ski Trip EASTER 2019 - Aprica Italy - Student Details Form

DETAIL	PLEASE FILL IN ALL DETAILS BELOW ACCURATELY
First & Middle Names <u>*(as shown on passport)</u>	
Surname <u>*(as shown on passport)</u>	
DATE OF BIRTH	
Tutor Group	
Home address	
Shoe Size (European & UK)	
Height in centimetres (cm)	
Weight in Kilograms (kg)	
Circumference of Head in centimetres (cm)	
PASSPORT NUMBER	
PASSPORT EXPIRY DATE *For insurance reasons, your daughters' passport must have 6 months remaining from return date of the trip. If this is NOT the case you will have to renew your passport!	
HEALTH CARD Number (E111/EH1C) EXAMPLE (BOTH SEQUENCE REQUIRED): 80826 0001 03 1234 5678 & UK53781234	
HEALTH CARD (E111/EH1C) EXPIRY DATE *For insurance reasons, your daughters' EHIC CARD must have 6 months remaining from return date of the trip. If this is NOT the case you will have to renew ASAP!	
SKIING ABILITY (please circle)	BEGINNER ADVANCED INTERMEDIATE
Any Experience of Skiing (e.g. lessons, family holiday)	

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<p><u>Rooming</u> Please give the names of two people you would like to share a room with. I will try and accommodate all requests and will give preference to those who return the form the first. We will also take into consideration the age bands.</p>	<p>PERSON 1: _____ FORM: _____</p> <p>PERSON 2: _____ FORM: _____</p>
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MEDICAL/DIETARY	
Doctors Name	
Doctors Practice & Address (Include POSTCODE please)	
Doctors Telephone Number	
<p><u>Medical Conditions</u> Please give details, if your daughter has any medical conditions/special requirements or medication that they must take (for example asthma, epilepsy, diabetes, allergies). <u>The teachers will not be allowed to dispense ANY medicine you don't authorise to give.</u></p> <p><u>Please supply any medicines your daughter needs to take labelled with name and frequency.</u></p> <p><u>Travel sickness tablets (where supplied) will be issued when appropriate</u></p>	
Please tick the appropriate boxes	<input type="checkbox"/> I give my consent for Paracetamol <input type="checkbox"/> I give my consent for Ibuprofen <input type="checkbox"/> I give my consent for Immodium <input type="checkbox"/> I give my consent for DulcoEase <input type="checkbox"/> I give my consent for Antihistamine to be supplied and administered to my daughter by a First Aider <input type="checkbox"/> I would like to be contacted first

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<p><u>Dietary</u> Please let us know of any <u>allergies</u> to food you may have. Also if you are vegetarian etc. Food preferences will be accommodated where possible and a healthy diet will be provided.</p>			
	PERSON 1	PERSON 2	
	PERSON 3 (Parent/Guardian Completing Form)		
<p><u>Emergency Contact Numbers</u> Name</p>			
<p align="center">Relationship</p>			
<p align="center">Telephone Number</p>			

I am aware that a ski trip has potential hazards involved and I give my consent for my daughter to take part in this activity. I have ensured my daughter is aware of any risks and that she should obey any instructions given to her while on the trip by staff or instructors. I consent for any emergency treatment to be given to my daughter during the course of the trip.

Parent's/Carer's Signature:Date:

Please return form to Miss Wadham in the Art Department