

CONFIDENTIAL
WOOD GREEN SCHOOL – MUSIC TOURS 2016

It is appreciated that some parents / carers may feel reticent at some of the information requested by this form. It should be pointed out that the information is required purely to ensure that the best care possible is afforded to participants and that their health and safety is not compromised due to personally known factors not being communicated to activity organisers and providers. No embarrassment is intended by any of the questions asked.

SURNAME: _____ FIRST NAME(S): _____

SEX: *MALE/FEMALE* DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____

POST CODE: _____ TEL NO: _____

PASSPORT NO: _ _ _ _ _ EHIC NO: **U K** _ _ _ _ _

FAMILY DOCTOR: _____ DOCTOR TEL NO: _____

1. Does your child suffer from any condition requiring medical treatment or special arrangements? *(Include any conditions such as asthma, travel sickness, anxiety, bed-wetting. Please also give details of any recent illness, treatment or contact with contagious or infectious diseases.)*

2. Please give details of any associated treatment required: *(medicines, dosage, frequency/use etc.)*

3. Does your child have any allergies of which the party leader should be aware?

4. Does your child have any specific dietary requirements? *(Include vegetarianisms, intolerances or religious restrictions.)*

5. Has your child had a Tetanus injection within the past ten years? *YES/NO*

6. Is your child a confident swimmer: *YES/NO*

7. Any other information of which staff should be made aware about?

I declare that the above information is a complete résumé of my child's current health status. I accept that travel may be denied if any medically notifiable or certifiable health problem(s) subsequently arise(s).

SIGNED: _____ DATE: _____

NAME: _____ TUTOR GROUP: _____