BECKFOOT OAKBANK SCHOOL

INFORMATION & CONTACTS SHEET FOR ALL TRIPS

TRIP / ACTIVITY:	

STUDENT DETAILS:

FIRSTNAME: *(as on passport)*	
MIDDLE NAME/S: *(as on passport)*	
SURNAME: *(as on passport)*	
FORM:	**DATE OF BIRTH:** D D / M M / Y Y Y Y
	D D / M M / Y Y Y Y
STUDENT MOBILE:	**GENDER (circle):** Male / Female
HOME ADDRESS:	
POSTCODE:	

PARENT/CARER/NEXT OF KIN DETAILS:

NAME:	
RELATIONSHIP TO STUDENT:	
DAY TEL. NO:	
EVE TEL. NO:	
MOBILE TEL. NO:	
OTHER NO:	

ALTERNATIVE EMERGENCY CONTACT DETAILS:

NAME:	
RELATIONSHIP TO STUDENT:	
DAY TEL. NO:	
EVE TEL. NO:	
MOBILE TEL. NO:	

NOW TURN SHEET OVER AND COMPLETE REVERSE

STUDENT'S DOCTORS DETAILS:

DOCTORS NAME:																					
SURGERY ADDRESS:																					
TELEPHONE NO:																					

PLEASE GIVE DETAILS OF ANY DISABILITY:

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PLEASE GIVE DETAILS OF ANY MEDICAL CONDITIONS, E.G. ALLERGIES, EPILEPSY, ASTHMA, DIABETES, TRAVEL SICKNESS:

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GIVE DETAILS OF ANY MEDICATION/MEDICAL TREATMENT RECEIVED FOR THE ABOVE OR ANY OTHER MEDICAL CONDITION:

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PLEASE GIVE DETAILS OF ANY SPECIAL DIETARY NEEDS, E.G. VEGETARIAN, FOOD ALLERGIES, HALAL MEAT:

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PLEASE GIVE ANY OTHER INFORMATION WHICH YOU FEEL IS RELEVANT TO YOUR CHILD'S SAFETY AND WELFARE:

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- **I confirm I have parental responsibility for this student.**
- I give my consent for the Party Leader to authorise medical treatment should it be deemed necessary in circumstances where the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon, likely to endanger my child's health and safety. (In the event of an emergency every effort will be made to contact you.) (**Delete if not applicable**)
- I understand that every care will be taken to ensure the safety and welfare of all participants. I realise and accept that in the event of a participant's behaviour adversely affecting the safety of the excursion, the organisers reserve the right to return the participant to their home at their own expense. In the event of this being necessary, I understand that no refunds for the excursion can be given.
- I understand that the nature of the trip means that pupils will not always be under the direct supervision of staff.
- I declare that the information on this form is correct and complete to the best of my knowledge.
- I agree to pay for any damage which may be attributed solely through the misconduct or carelessness of my son/daughter/ward to the person or property of any other parties.
- I understand the School cannot take responsibility for any loss of personal effects or money.
- I have no objections if photographs are taken of the students during the course of this visit should the occasion arise.
- I understand that all visits, excursions and trips organised by Beckfoot School have a **No Smoking** and **No Alcohol** policy.
- **I agree to the conditions stated above.**

Signed: ..... **Date:** .....
(Parent/Carer)

PLEASE RETURN TO STUDENT RECEPTION.