

Please complete the details below and return to: Mrs H. Karolewski Hungerhill School

To be returned by November 4th 2016

NAME;.....**FORM**:.....**DATE OF BIRTH**.....

Medical Details:

Any relevant medical problems?: _____

Detail medication prescribed: _____

Any dietary information? (Vegetarian, Coeliac etc): _____

When did your daughter/son last have a tetanus injection? Month _____ Year _____

Name of Family Doctor: _____ Tel. no.: _____

Travel sickness tablets and other medication, will only be given if authorised and supplied by parents. Please ensure that child's name and dosage details are clearly printed on any label on packet.

I give permission for my child to take part in the visit to Broutel, France during the period 17-20th February 2017. I understand this is an outdoor activity holiday as well as visits to the local area and agree to my son/daughter participating in them. I hereby authorise Hungerhill staff accompanying the party to give permission for any emergency medical treatment, including anaesthetic, as considered necessary by medical authorities present in the unlikely event of an accident or illness during the visit. I understand that every effort will be made to contact me prior to this.

Signed: _____
Parent/Guardian/Carer

Date: _____

I give permission for photographs to be taken of my child during the trip Yes/ No (delete as appropriate)

REMINDER: EACH PUPIL WILL NEED TO HAVE AN EHC HEALTH INSURANCE CARD WHICH MUST BE APPLIED FOR AT LEAST 4 WEEKS BEFORE GOING. CAN APPLY ON LINE (FREE) BUT BEWARE OF COMPANIES CHARGING FEE TO DO THIS FOR YOU

My child has already got the EHC card Please delete as necessary
I am applying for an EHC card for my child

PUPILS MUST HAVE A VALID PASSPORT FOR TRAVEL FOR THOSE DATES. PLEASE CHECK WELL IN ADVANCE. PUPILS WILL NOT BE ALLOWED TO TRAVEL WITHOUT CORRECT DOCUMENTATION. IT IS YOUR RESPONSIBILITY TO ENSURE ALL DOCUMENTATION IS CURRENT AND VALID