

The Frances Bardsley Academy for Girls

Student Information

Trip title: _____

<u>Name</u>	<u>Date of Birth</u>
<u>Address</u>	<u>Next of Kin</u>
	<u>Relationship</u>
<u>Parent/Carer 1 Contact details</u>	<u>Parent/Carer 2 Contact details</u>
<u>Home</u>	<u>Home</u>
<u>Work</u>	<u>Work</u>
<u>Mobile</u>	<u>Mobile</u>
<u>Doctor</u>	<u>Date of last Tetanus Injection</u>
<u>Address</u>	
<u>Telephone No</u>	
<u>Does this student have any current medical condition?</u>	<u>Does this student have any allergies</u>
Yes/No (Please circle)	Yes/No (Please circle)
<u>If "Yes" Please give detail</u>	<u>If "Yes" Please give detail</u>
	<u>Does this pupil have asthma?</u>
	Yes/No (Please circle)
<u>Should this student require pain relief for minor conditions do you give consent that the following can be given</u>	<u>Any special dietary requirements – please detail</u>
<u>Paracetamol</u> Yes/No	
<u>Ibuprofen</u> Yes/No	
<u>(Please note Ibuprofen will not be given to pupils with asthma)</u>	

Parent/Carer Name (Please Print).....

Parent/Carer Signature.....

Date.....