



Educational Visit: Global Perspectives Trip to Kerala, India

Please complete this form, without leaving any blanks. Write N/A if not applicable.

By completing this form, you give consent to the student stated below to attend and participate in the trip to Kerala, India as described in the documentation given to you by the School. It will also provide essential information in the event of an emergency. If you have any queries as to the nature of the activities of the educational visit or require any assistance in completing this form, please contact Ms Maria Asvesta, Assistant Head and Trip Leader.

Student's Details:

Name:		Class:	
Student number:		Mobile number:	
Date of Birth:		Nationality:	
ID number:		Passport number:	
Home address:			
Postcode:			

1. Details of the visit:

Visit to: Metraniketan Kerala, India

Dates: 30th June 2018 – 14th July 2018

I have read the information sheet and hereby consent to the participation of my son / daughter, in the above educational visit. I also agree to his / her participation in any activities involved. I acknowledge the need for obedience and responsible behaviour on his / her part.

2. Medical information about your son / daughter:

a) Any conditions requiring medical treatment, including medication? If yes, please give brief details and describe the medication, dosage and frequency required.	Yes / No (<i>circle as appropriate</i>) Medication: Dosage: Frequency:
b) Please outline any food or other allergies and special dietary requirements of your son / daughter.	
c) Please give details of any recent illness or accidents which we should be aware of.	
d) The type of pain / flu relief medication to be given if necessary.	<input type="checkbox"/> Paracetamol / Panadol <input type="checkbox"/> Nurofen <input type="checkbox"/> Other:

e) Does your son / daughter suffer from travel sickness? If yes, have you provided him/her with any sickness prevention tablets?	Yes / No (circle as appropriate) Tablets provided? Yes / No Other comments:
f) Is your son / daughter allergic to any medication / insect venom / food / adhesive plasters? If yes, please specify.	Yes / No (circle as appropriate)
g) Date of last tetanus vaccination / / 20

Name of Family Doctor:		Tel. No:	
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Declaration:

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided. I confirm that the contact details given below are to be used in the event of an emergency or in the event of my son / daughter being returned home for some other legitimate reason and that at least one of the named contacts will be available throughout the duration of the off-site visit.

Do you have any additional comments? Is there anything else about your son's or daughter's needs that would be helpful for us to know?

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Contact Telephone Numbers:

Name of Parent / Guardian:		Mobile number:	
Evening / Home number:		Day / Work number:	

Alternative emergency contacts (please give two alternative contacts):

Name:		Tel. No.:	
Name:		Tel. No.:	

Signed Parent / Guardian:		Date:	
Full name (Capitals):			

A COPY OF THIS FORM WILL BE KEPT BY THE TRIP LEADER DURING THE VISIT. A COPY WILL ALSO BE RETAINED BY THE ENGLISH SCHOOL CONTACT(S).