Dear Parent,

**Y9 & Y10 History Visit to Battlefields**

*Medical & Dietary Information*

Please find attached a medical information and dietary requirements questionnaire which must be completed on behalf of all students participating in the trip. All information should be completed clearly and in full.

You will notice that we have also asked for your daughter’s mobile phone number. Your daughter will be allowed to take her phone with her in order to contact home or to contact a teacher if she gets separated from the group. It must be stressed, however, that these are the only circumstances under which mobile phone use will be acceptable. Inappropriate use of phones will result in the usual school policy of immediate confiscation.

*Passport/Visa Information*

I will also be following up on students who have not yet provided their passport and visa information. It is essential that I have this information in order to complete a collective passport.

Please return this form **as soon as possible** so that the details can be recorded and, if necessary, we can discuss any issues arising from this. Please also remember to notify me if any of the details change prior to the trip departure date.

Yours sincerely,

**Mr Lovejoy**

**Teacher of History**

**DIETARY REQUIREMENTS**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Group: \_\_\_\_\_\_\_\_\_\_\_\_**

**No specific dietary requirements □**

**Vegetarian □**

**Vegan □**

**Please tick if your daughter is unable to eat any of the following foods:**

|  |  |
| --- | --- |
| **All red meat** |  |
| **Pork** |  |
| **Beef** |  |
| **Lamb** |  |
| **Chicken** |  |
| **Eggs** |  |
| **Nuts (please specify if only a particular type of nut)** |  |

**Please advise below if your daughter is allergic to any other food products:**

**LORDSWOOD GIRLS’ SCHOOL**

**PARENTAL CONSENT FOR A SCHOOL VISIT**

**Student Name ………………………………………………..**

**Visit to Battlefields, Belgium, Tuesday 19th June-Friday 22nd June 2018**

1. I agree to my daughter ……………………………………………………. participating in the above visit. I acknowledge the need for …………… to behave responsibly for the duration of the visit.

Date of Birth …………………………… Age on 19th June, 2018 ……

1. **Medical and dietary information about your daughter**

a) Any conditions requiring medical treatment, including medication? YES/NO

If YES please give brief details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Will your daughter take any medication with her? (Please state) ………………………..

b) Is your daughter VEGETARIAN? YES/NO

Please outline any other special dietary requirements of your daughter………………….

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

c) Please state the type of pain/flu medication your daughter may be given if necessary:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

d) To the best of your knowledge has your daughter been in contact with any contagious or infectious diseases or suffered anything in the last 4 weeks that may be contagious or infectious? YES/NO

If yes please give brief details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

e) Does your daughter have any allergies, including medication? YES/NO

If YES, please give details:

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Parents’/guardians’ contact telephone numbers: (please complete as appropriate)**

Please circle the main contact number.

Name …………………………………………Relationship ………………………..

Home address …………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

TEL: Home ………………………. Work ………………………. Mobile …………………….

Name …………………………………………Relationship ………………………..

Home address …………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

TEL: Home ………………………. Work ………………………. Mobile …………………….

Please circle the main contact number.

**Alternative emergency contact:**

Name …………………………………………………..

Relationship …………………………………………………..

TEL: Home ………………………. Work ………………………. Mobile …………………….

Home address …………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Name of family doctor** …………………………………………………………………………

Address …………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Student Mobile Number** ……………………………………………

*(Optional, but to allow for contact in an emergency whilst away)*

**We/I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.**

**We/I agree to our/my daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.**

**Signed ……………………………………………Name……………………. Date ……………**

**Signed ……………………………………………Name……………………. Date ……………**

**THIS FORM OR A COPY OF THIS FORM MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.**