

Residential trip to Netherlands

1st – 5th July 2019

Information sheet

Please fill in the following details clearly and return to school by
Monday 10th June

Name of pupil	
Date of Birth	
Home address	
Passport Number	
EHIC card Number	
Emergency Contact no.1	
Whose number is this ?	
Emergency Contact no. 2	
Whose number is this ?	

Medical Information

Please give details below of any relevant information e.g

- is the pupil on current medication ?
- will he / she need to bring an asthma inhaler ?
- do they suffer from any allergies
- are they allergic to penicillin / plasters etc

Please sign below to give permission for the administration of paracetamol /
ibuprofen if needed.

Parents signature _____

Comments :

