

PUPIL INFO – BERLIN RESIDENTIAL MARCH 2020

Please complete and return by Monday 10th February

Name of pupil	
Date of Birth	
Home address	
Passport Number	
Expiry date	
EHI Card no	
Emergency Contact no. 1	
Contact number	
Emergency Contact no. 2	
Contact number	
Medical Information	
Please give details below of any relevant information e.g	
<ul style="list-style-type: none">• Is he/she on current medication? Is so what is it?• Will he / she need to bring an asthma inhaler? If so what type?• Does he / she suffer from any allergies?• Is he / she allergic to penicillin / plasters etc	
Consents	
Please sign below to give permission for the administration of paracetamol / ibuprofen if needed:	
Parent / Guardians signature _____	
Please sign below to give your consent for your child to take part in the trip:	
Parent / Guardians signature _____	
Comments / Further info if any:	

