



FORM 3A

PRIORY SCHOOL PUPIL INFORMATION FORM FOR NON-RESIDENTIAL TRIPS

Academic Year: 2017-18

This form is completed annually (September) to cover all **non-residential trips** including sports fixtures, curriculum and recreational trips, both locally and at a distance. Forms must be printed, signed and returned by hand to form tutors (Year 7 and up) or class teacher (year 6 and below) **OR** returned digitally signed on s.bishay@prioryschool.net **before the end of September, or earlier if required.**

Please ensure that there are no blanks and add an * to indicate any new information so that it can be added to your child's record.

Name of Pupil:	Date of Birth:
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Address:

Home telephone number:	Other 24 hr EMERGENCY contact numbers for whole duration of trips:
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Doctor's name:	Address:	Telephone number:
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Has the pupil ever had any of the following: (If yes please give details)

	Yes	No		Yes	No
Asthma			Fits/blackouts		
Heart condition			Fainting		
Diabetes			Severe headaches		
			Migraine		

Tetanus Vaccination

Date of injection:	Date of booster:
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Has the pupil any known allergies e.g. aspirin/antibiotics or any particular food or drug:

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Please state if the pupil is receiving medical/surgical treatment from a GP or local hospital, stating any emergency procedures that must be followed:

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**Is the pupil currently taking medication prescribed by a GP or hospital specialist?
If so please provide details:**

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Does the pupil have any physical reason why they may not take part in any of the activities proposed?

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**Is your child confident in the water? If so, how far can he or she swim?
Please tick the appropriate box.**

Cannot swim	<input type="checkbox"/>
Still at the beginner stage	<input type="checkbox"/>
Able to swim 25 metres	<input type="checkbox"/>
Able to swim longer distances (greater than 25 m) with	<input type="checkbox"/>

Does the pupil have special dietary requirements? (Vegetarian, Diabetic etc)

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Please provide any other information about your child that you feel may be useful in the box below:

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I understand that this form relates to all non- residential school trips this year and agree to keep the school up to date about changes to contact details during the year.

I agree that he/she will abide by the rules of the school.

Safety on school trips is of paramount importance. In the event that, in the judgement of the Group Leader, your child's behaviour is such that the safety of any member of the group, including their own, or the safety of the general public, or the good reputation of the school is threatened, the Group Leader may remove your child from an activity, or send him/her home from the trip. In situations such as this, the Group Leader's decision is final. Please note that included in examples of behaviour likely to threaten safety is a refusal to follow instructions. Whilst we are confident that pupils' behaviour will be good, it is important for parents to note that, where a child is to be sent home and a parent is unable to collect their child within a time frame set by the group leader, the school will arrange for the child to be collected. This is likely to involve two adults being sent to collect the child and all costs associated with this will be charged to parents. Your signature below indicates that you accept all the points made above.

I agree that urgent medical treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed _____ Parent/Guardian Date: _____



FORM 3B

PRIORY SCHOOL PUPIL INFORMATION FORM FOR RESIDENTIAL TRIPS

A separate form must be completed for all residential trips- and will be issued by the trip leader

Name of School trip:

Name of Pupil:	Date of Birth:
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Address:

Home telephone number:	Other 24 hr EMERGENCY contact numbers for whole duration of trip:
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Doctor's name:	Address:	Telephone number:
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Has the pupil ever had any of the following: (If yes please give details)

	Yes	No		Yes	No
Asthma			Fits/blackouts		
Heart condition			Fainting		
Diabetes			Severe headaches		
			Migraine		

Tetanus Vaccination

Date of injection:	Date of booster:
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Has the pupil any known allergies e.g. aspirin/antibiotics or any particular food or drug:

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Please state if the pupil is receiving medical/surgical treatment from a GP or local hospital, stating any emergency procedures that must be followed:

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**Is the pupil currently taking medication prescribed by a GP or hospital specialist?
If so please provide details:**

Does the pupil have any physical reason why they may not take part in any of the activities proposed?

**Is your child confident in the water? If so, how far can he or she swim?
Please tick the appropriate box.**

Cannot swim	
Still at the beginner stage	
Able to swim 25 metres	
Able to swim longer distances (greater than 25 m) with	

Does the pupil have special dietary requirements? (Vegetarian, Diabetic etc)

Please provide any other information about your child that you feel may be useful in the box below:

I understand that this form relates to this specific school trip and agree that he/she will abide by the rules of the school.

Safety on school trips is of paramount importance. In the event that, in the judgement of the Group Leader, your child’s behaviour is such that the safety of any member of the group, including their own, or the safety of the general public, or the good reputation of the school is threatened, the Group Leader may remove your child from an activity, or send him/her home from the trip. In situations such as this, the Group Leader’s decision is final. Please note that included in examples of behaviour likely to threaten safety is a refusal to follow instructions. Whilst we are confident that pupils’ behaviour will be good, it is important for parents to note that, where a child is to be sent home and a parent is unable to collect their child within a time frame set by the group leader, the school will arrange for the child to be collected. This is likely to involve two adults being sent to collect the child and all costs associated with this will be charged to parents. Your signature below indicates that you accept all the points made above.

I agree that urgent medical treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

Signed _____ Parent/Guardian Date: _____