

## **Year 10 Battlefields Information form**

Please complete this form in as much detail as possible

1.Name of Student

2.Students date of birth

3.Are there any conditions requiring medical treatment, including medication?

Yes

No

4.If **YES**, please give brief details

5.Does your child have any special dietary requirements?

Yes

No

6.If **YES**, please give brief details

7.Is your son / daughter allergic to any medication?

Yes

No

8.If **YES**, please give brief details

### **Section 2**

Emergency Contact Information

Please add the contact details for parents/guardians whilst we are away in France/Belgium

9.Primary Contact: Full name -

10.Home address

11.Phone number

12.Alternative emergency contact: Full name:

13.Phone number

### **DECLARATION**

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. (Insurance details are available on request to the Finance Office.)

Signed \_\_\_\_\_

### Section 3

#### Passport Information

Please ensure all information is accurate

14. Does your son/daughter have a valid passport (**Valid up until at least 10th December 2024**) Sin

Yes

15. **Name as it exactly appears on the passport**

16. Expiry date on passport

17. Type of passport (eg British)

18. Passport country of issue

19. Passport number