

UK Residential Application Form – Brecon Beacons Adventure September 2018

<u>Student Personal Details</u>
Title: Mr/Miss/Other (please specify):
Forenames:
Surname:
Date of Birth:

<u>Next of Kin/Emergency contact details</u> <i>This should not be someone on the Residential with you</i>	
Primary Contact	Secondary Contact
Name:	Name:
Relationship:	Relationship:
Home phone:	Home phone:
Mobile phone:	Mobile phone:

<u>Medical/Dietary Information</u>
Do you have any medical requirements? (e.g. asthma, diabetes etc)
If yes, please provide further information including the name and dosage of any medication currently being taken:
Please indicate allergies (e.g. medicines, food etc. - please specify):
Please indicate any food not eaten for religious or health reasons:
Please provide any other information which might be useful in an emergency, or which you as a parent feel the Group Leader should be aware of, for example allergies, phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, etc:
Is your child a weak swimmer? (Cannot swim 50m unaided) Yes / No* *Please delete as appropriate

<u>Parental Consent</u>

I give/do not give* permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only). *please delete as applicable.

Having read all the information provided, I agree to my child taking part in any or all of the activities described.

Students Name: _____ Class: _____

May take part in the visit to: **Brecon Beacons Adventure**
Group Leader: **Mr Randall**
On: **11th – 14th September 2018**

Parent/Guardian Signature	Date:
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