

# Personal Information Form

Please complete and return this form to the teacher in charge of your trip to Robinwood.  
All information will be treated as confidential

School: Bishop Monkton CE Primary School

Course Dates: 19-Mar-14 to: 21-Mar-14 Activity Centre: Barhaugh Hall, Alston

Name of child: \_\_\_\_\_ Boy / Girl Date of Birth: \_\_\_\_\_

Hobbies / Interests: \_\_\_\_\_

Name, Address & Telephone Number of Parent / Guardian:

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_ Tel No: \_\_\_\_\_

Alternative emergency contact number: \_\_\_\_\_

## Medical and other details

Please give details of any condition from which your child suffers ie. illness, allergies, physical disability, visual or hearing impairment etc.

\_\_\_\_\_

\_\_\_\_\_

Please give details of any medication your child requires:

Name of medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child immunised against tetanus?

(please give date of last injection) \_\_\_\_\_

Does your child suffer from enuresis (bed-wetting)? \_\_\_\_\_

Name, address and telephone number of G.P. \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions i.e. Vegetarian, halal or coeliac? Please give details here:

\_\_\_\_\_

\_\_\_\_\_

Would you be happy for your child to take part in Canoeing/Raft Building NO / YES

Non-swimmers who are water confident can still safely take part in Robinwood watersports. Our watersports take place in shallow, sheltered water and all children wear buoyance aids throughout. Actual activities operating are dependent on centre and weather conditions.

Any other details that you feel are relevant can be given on the reverse of this form - Thank you.

I consent, if an emergency should occur at a time when my consent cannot otherwise reasonably obtained, to the above child receiving any medical or surgical treatment deemed necessary by a qualified practitioner or to first aid being administered.

Signed: \_\_\_\_\_ Parent / Guardian Date: \_\_\_\_\_