

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE BY FRIDAY 3RD MAY

Year 4 Emmaus Youth Village Residential Trip – Monday 10th June to Wednesday 12th June 2024

Emergency Contacts and Medical Details Form

Full name: Date of Birth:

Address:

..... Post Code.....

Emergency Contact Telephone Numbers:

Contact 1: (Name and relationship to child)

Home: Work: Mobile:

Contact 2: (Name and relationship to child)

Home: Work: Mobile:

Contact 3: (Name and relationship to child)

Home: Work: Mobile:

GP's Name: Telephone Number:

• Please describe any relevant medical history:

• Is your son/daughter taking any medication/treatment? Please provide details:
.....

• Does your son/daughter use an inhaler? **Yes/No***

• Does your son/daughter suffer from any allergies? Please provide details
.....

• Has your son/daughter been vaccinated against tetanus? **Yes/No***
When was the booster given? (Year)

• In the event of your child suffering from fever, aches and pains etc, do you consent to paracetamol (including Calpol®) being administered by staff? **Yes/No***

• In an emergency, if you cannot be contacted, are you willing for your son/daughter to receive necessary hospital treatment, including an anaesthetic? **Yes/No***

• Do you give consent for members of the Youth Ministry Team to take photographs and videos of your child during the event to be used for reporting the event and publicising YMT activities? These may be used for promotional material for the Youth Village on the Youth Ministry Team's social media sites and website. The photographs may be published in the Diocesan Northern Cross newspaper. [NB: In no circumstances will names of any young people accompany the images.] The Youth Ministry Team require permission from the school to do this. Without permission, no photography or videos of any kind will be allowed. **Yes/No***

• I consent to the above-named child taking part in the various activities involved with the Emmaus Youth Village residential trip from Monday 10th June to Wednesday 12th June 2024.

• I confirm that I have parental responsibility for the above-named child. He/She* is physically fit to undertake these activities; and to my knowledge, the above information is correct and up-to-date.

Signed: _____ (Parent/Guardian*) * Delete as appropriate.

Date: _____

Further information:

Next of Kin Name:

Address if different from above: