

Educational Visits/Activities and/or Experiences of Work

Form EV 3 - Student Agreement/Parental Consent & Medical Information

This form is to be completed and signed by Student if over 18 or Parent/Guardian if under 18.

ALL sections of this form **MUST** be completed.

Destination: East Surrey College, Gatton Point, London Road, Redhill, Surrey RH1 2JX 01737772611		Departure date: 22 November 2023	Return date: 22 November 2023
Name of Student:	Date of Birth:	Mobile:	
Single Event / Trip :	Termly Agreement :	Full Year Agreement :	
Yes / No	Yes / No	Yes / No	

Details of the person to contact in an emergency		
Name:	Address:	
Telephone – Day:	Evening:	Mobile:

Known Medical Conditions <i>(please tick as appropriate)</i>					
	Yes	No		Yes	No
Asthma or Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to food/medicine	<input type="checkbox"/>	<input type="checkbox"/>
Seizures, fainting/blackout	<input type="checkbox"/>	<input type="checkbox"/>	Recent illness/disease	<input type="checkbox"/>	<input type="checkbox"/>
Severe headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>	Receiving medical treatment	<input type="checkbox"/>	<input type="checkbox"/>
Travel sickness	<input type="checkbox"/>	<input type="checkbox"/>	Special needs/disability	<input type="checkbox"/>	<input type="checkbox"/>
If you answered Yes above please give details of any medication requirements and any other information that you feel will be relevant to staff on the visit. <i>(continue over the page):-</i>					
Date of last tetanus injection (if known):-					
National health insurance number (if known):-					
Passport Number:-			Issue Number:-		

Student Agreement <i>(for students over 18)</i>	
I have read and understood the Guidelines for student behaviour and agree to abide by these. I will ensure that any medication prescribed to me is taken on the trip and I will confirm to the leader/organiser of the trip.	
Signature of Student:	Date:

Parental/Guardian Consent (for students under 18)

I confirm that I have parental responsibility for the student named above. I consider him/her capable of taking part in the visit/activity and I consent to him/her taking part. I agree that College guidelines on Student behaviour will be followed.

Parent or Guardian – (*print name*):-

Signature:

Date: