

2023-2024 - School Trip Form (Grade 6 to 11)

Please complete all sections of this form in block capitals and return it by email to mkippon@icsparis.fr

1. Child's details

Child's family name:
 Child's first name:
 Date of birth: Grade: Sex: M F
 Child's: Height (in cm).....Weight (kg)..... Shoe size (EU).....Clothes size XS S M L XL
 Parent or Guardian 1:
 Telephone numbers:/
 Parent or Guardian 2:
 Telephone numbers:/
 Other **Emergency Phone number**:

2. Health History

Is your child's DTP vaccination up-to-date? Yes No

Will your child need to take any medication during the school trip? Yes No

If yes, what medication and at what times of the day?

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Reasons for medication:

*Please provide a recent prescription for this medication as **any medication without a valid prescription cannot be administered by our personnel.** (Please note that this information will be treated as confidential and may be returned to us in a sealed envelope, if desired.)*

Does your child have any of the problems listed below?

	YES	NO
1. Allergies or reactions (for example: food, medication, or other)		
2. Asthma or wheezing		
3. Eczema or frequent skin rashes		
4. Convulsions or seizures		
5. Heart troubles		
6. Diabetes		
7. Trouble with passing urine or bowel movements		
8. Menstrual problems		
9. Other		

Please explain in further detail any problem areas identified above

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In case of EMERGENCY, I/we hereby give permission to the physician or surgeon selected by the director, or his authorized representative, to admit to hospital, to secure the proper treatment, and to order any injections, anaesthesia or surgery for my child named above.

Signature of parents/guardians:

3. Sports Activities

My child can participate in **ALL** sports activities: Yes No

My child should **NOT** participate in the following activities:

Playground Swimming pool/water sports Outdoor activities (cycling, horse riding, hiking)

Reason for non-participation:

4. Dietary Requirements

Normal Menu Non-Pork Menu Non-Beef Menu No Meat

Vegetarian Menu (including fish & eggs) Vegetarian Menu (excluding fish & eggs)

Allergies, please specify any food allergy in detail:

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Please note that a letter from parents is required in case of allergies

5. Authorisation to leave the station unaccompanied

I/we authorise my child to leave the station unaccompanied on his/her return from the school trip, and I/we take all responsibility for my child from the time they leave the station.

Yes No

OR My child will be collected at the station and is *not allowed* to leave unaccompanied

Name of person collecting my child:

Telephone number:

By signing this form, I/we authorise my/our child..... to participate in the school trip

Signature of Parent/Guardian:

Name in capital letters: