



Medical & Travel Information Form

It is essential that you complete and return this form. For those under 18 this form must be signed by a parent/carer. You will not be allowed to take part in your project if this form has not been returned to us.

Young Person's Contact Details

Name			
Date of Birth	DD / MM / YYYY	Male <input type="checkbox"/>	Female <input type="checkbox"/>
YP's Home Tel No.		YP's Mobile No.	

Emergency Contact Details

Next of Kin's name		Relationship to young person	
Home Tel no.		Mobile Tel no.	

Alternative Contact – we will use this if we cannot reach the person named above

Name		Relationship to young person	
Home Tel no.		Mobile Tel no.	

Doctors Details

GP's Name		GP's Tel No.	
NHS Number		Blood Group	

Medical Details

Any known allergies (eg Medicine, Food, Insects)			
Special dietary requirements			
Any Medical Conditions (eg Asthma, Diabetes, Fits, Migraine, Bed Wetting, Fainting)			
Any Learning or Behavioural problems that may affect involvement (eg dyslexia, ADS)			
When was the young person immunised against Tetanus?	MM / YYYY		
Do you give permission for the Pastoral Staff to administer Paracetamol in the case of need?	Yes	No	

Arrival in London

I will arrive in London on [please give time and date]	Time	Date	
I will arrive by [please circle]	Car	Train	Bus Plane
My Parents/Carers will accompany me:	Yes		No
Airport & Arrival time in London		Flight no	
Train Station		Arrival time	
Bus Station		Arrival time	
Tube Station		Arrival time	

