

FORM PC

To be completed by the parent/carer of a child under the age of 18 who wishes to participate in the Student Cross Pilgrimage, and whose parent/carer will not be with them.

Name of Child:

Address:

Date of Birth:

Name of Parent/Carer:

Emergency Contact number:

Name of Nominated Adult:

I agree to my son/daughter _____ (name) taking part in the Student Cross pilgrimage. I am aware of what Student Cross involves and am happy to appoint _____ (name) to act as Nominated Adult as per the "Policy Regarding the Safety of Young Pilgrims".

Medical Information

Does your child suffer from any condition requiring treatment including medication?
(Y/N)

If yes, give details (including who will hold the medication):

Has your child been in contact with any infectious diseases in the last four weeks? (Y/N)

If yes, give details:

Student Cross 2005 (Saturday 19th March to Sunday 27th March 2005)

Is your child allergic to any medication? (Y/N)

If yes, give details:

Does your child suffer from any other allergies? (Y/N)

If yes, give details:

Does your child require a special diet? (Y?N)

If yes, give details:

Has your child received a tetanus injection in the last 5 years? (Y/N)

Is there any other information you think we need to know? (Y/N)

If yes, give details:

Name, Address and Phone Number of the child's GP

Permission slip for emergency care

I give permission for _____ (Nominated Adult) to sanction emergency medical care for my child during the Student Cross pilgrimage.

Signed _____ (Parent/Carer)

Signed _____ (Nominated Adult)