

**Yearly Medical /Information Form for
Over 18s Attending College Trips**

Academic Year September _____ to July _____

Through out the year the College will be running a variety of day trips and visits. Details will be given on each trip/visit however to ensure smooth running of the process we ask that you complete an information form for you to take part in these activities. Some examples of activities are _____

If you are over 18 and attending a college trip you must complete this form with all requested details.

Name: _____ Date of Birth: _____

Student ID Number (if applicable): _____

Address: _____

Home Telephone: _____ Mobile: _____

Details of any current medical treatment:

Details of any allergies or special dietary requirements:

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Home Telephone: _____ Work Telephone: _____ Mobile: _____

I agree to abide by the rules and instructions (college code of conduct) given by college staff to ensure my safety.

I will ensure that if any of the above information changes I will inform the staff in my curriculum area.

Signature: _____ Date: _____

Note: photographs may be taken. If you do not wish such pictures to be used for normal publicity purposes including the College's publicity material, please tick box