



21 May 2015

RE: YEAR 9 ACTIVITIES WEEK TRIP TO HEBEI

Dear Parent/Guardian,

In preparation for the school visit to Hebei from 15-19 June, please can you complete and return the form below.

This contains important up to date medical and emergency contact information for your child.

Please return completed forms to form tutors by Monday 25 May.

If you have any questions or concerns about the trip, please do not hesitate to contact Chris Baker by email c-baker@bisspuxi.com

Yours faithfully

Chris Baker, Head of Year 9



**Activities Week Trip to Hebei, 15-19 June 2015
Emergency Information Form**

Student Name..... Class.....

Medical Information

Does your child suffer from any medical conditions that may require any medical treatment during the visit?

If yes, please provide details below: YES/NO

Has your child suffered from an infectious disease within the last 6 weeks? YES/NO

If yes, please give details below:

Does your child have any allergies? YES/NO

If yes, please give details below:

Is your child currently taking any medication? YES/NO

If yes, please give details below:

Medical Insurance

Our child's medical insurance provider is.....

Policy number Telephone number.....

Emergency Contact

Please provide details of the emergency contact who can be contacted by school in the event of an emergency during the visit. Contact Person 2 will only be used if the first person is unavailable.

Contact Person 1

Contact Person 2

Name.....

Name.....

Relationship to child.....

Relationship to child.....

Telephone number(s).....

Telephone number(s)

.....

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Passport Information – passport information of child

Name (as written on passport).....

Passport Number (of child).....

Nationality of Passport

Chinese Visa

Number Expiry Date.....

I agree that my son/daughter can participate in the visit and planned activities, and can receive the necessary emergency treatment should the need arise.

Parent/Guardian Name:Signed:Date: