

Special Details on Students / Information for Accompanying Supervisors

Name of Student: _____

Trip/Excursion: _____

___ Our child does not have any special health issues.

___ We declare herewith below the special health and psychological health issues affecting our child:

Asthma _____

Epilepsy _____

Psychological illnesses/Special health issues _____

Infectious diseases _____

Iodine allergy _____

Penicillin allergy _____

Other allergies _____

Other limiting or particular health issues _____

Medicine to be taken regularly _____

Dose of the medicine _____

Special rules of conduct _____

Miscellaneous _____

Our child is vegetarian Yes No

Our child can swim Yes No

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The following people should be informed if special circumstances arise or in cases of emergency during the time of the trip/excursion:

Parent's contact information

First Name : _____ Surname: _____

Address: _____

E-Mail Address: _____

Telephone: _____

Mobile: _____

Additional emergency contact (close family friend or relative)

First Name : _____ Surname: _____

Address: _____

E-Mail Address: _____

Telephone: _____

Mobile: _____

We have read and agree with all pages included as part of this declaration:

Surname / First name of parents or legal guardians

Date / Place / Signature of parents or legal guardians

Date / Place / Signature of underage student