



### EMERGENCY CONTACT FORM

Please complete this form prior to your son's / daughter's attendance on a Profesora Irvine revision course.

Permission is granted for:

\_\_\_\_\_ (Name of Student) PLEASE PRINT

To attend the **GCSE / A Level** revision course at \_\_\_\_\_ (location / hotel) on

\_\_\_\_\_ (date)

#### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_

Please provide the information requested below:

Student's Date of Birth \_\_\_\_\_

Allergies (including food) \_\_\_\_\_

Conditions requiring special consideration (medical/physical): \_\_\_\_\_

Does your student require: (A) **Epipen** Yes  No  (B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): \_\_\_\_\_

Contact information for the day of the course:

Primary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Secondary contact name \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

(PLEASE PRINT)

Parent/Guardian Signature: \_\_\_\_\_