



PUPILS' INFORMATION & PARENTAL CONSENT FORM

ANGLO-CHINESE SCHOOL (PRIMARY) Adelaide & Kangaroo Island 8 - 14 Nov 2010

PUPIL'S PARTICULARS

Name: _____ NRIC No : _____
(name as in NRIC/BC)

Class: P6 _____ Tel No : _____ (Home) Blood Group: _____

Nationality: _____ Passport Expiry Date: _____

1) HAS YOUR SON/WARD EVER HAD	YES	NO	If YES, please provide details
(a) Chest pains, high blood pressure, heart problems such as heart murmur, extra heart beat or other heart abnormality?			
(b) Fits, epilepsy, fainting attacks, migraine, severe head injury?			
(c) Asthma, bronchitis, tuberculosis, sinusitis, other lung problems?			
(d) Eye problems/poor vision?			
(e) Ear problems/deafness?			
(f) Bone or joint injury?			
(g) Please state any other conditions not stated above, if any.			
2) IS YOUR SON/WARD CURRENTLY	YES	NO	If YES, please provide details
(a) On any medication?			
(b) Suffering from any illness?			

3 DOES YOUR SON/WARD HAVE	YES	NO	If YES, please provide details
(a) Any disability?			
(b) Any (drug / food / substance) allergy?			
(c) Any special dietary needs as a result of allergies/ medical conditions/ religious beliefs (halal/vegetarian food)?			

Medical Declaration & Consent by Participant's Parent/Guardian

I declare that all the information provided above is true. I am aware of the nature of the activity(ies).

I allow my son / ward** to take part in the activity(ies). I understand that all necessary precautions will be taken to ensure the safety and welfare of my son / ward**. I will not hold the school responsible for the mishap, damage or loss of property, or life, as a result of or in the course of the activity(ies).

Signature

Date

***Delete where appropriate*

In case of an emergency, please contact the following persons:

(1) Name : _____

Relationship to participant: _____

Contact number: _____ (H) _____ (Mobile) _____ (O)

(2) Name: _____

Relationship to participant: _____

Contact number: _____ (H) _____ (Mobile) _____ (O)