

Alton Towers 2017

Pupil Information Form

This form must be completed and returned to Mr Fraser in order to secure your place on the trip.

Pupil Name _____ Date of Birth ____/____/____

Address _____

Emergency Contact _____ Relationship to Pupil _____

Daytime No. _____ Evening No. _____

Alternative Emergency Contact _____ Relationship to Pupil _____

Daytime No. _____ Evening No. _____

Medical Conditions			
Medicine		Dosage	
Please tick as appropriate:			
Pupil will carry		Teacher should carry	
Dietary Requirements			

Signed: _____

Print Name: _____

Pupil mobile number (for contact by bus leader on the trip)

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