



Educational Europe Trip 2026: Registration Form

Trip Details: 7-day, 6-night educational journey to Rome, Italy

Proposed Timeframe: Summer 2026

Organiser: Richmond House Social Care Services / Alternative Provision

Programme: Student Exchange Programme (supported by Erasmus+ and Turing Scheme)

Partner: Rome Municipality (Comune di Roma)

Section 1: Parent/Carer Information

FIELD	DETAILS
FULL NAME	_____
RELATIONSHIP TO STUDENT	_____
PRIMARY CONTACT NUMBER	_____
EMAIL ADDRESS	_____
HOME ADDRESS	_____

Section 2: Student Information

FIELD	DETAILS
STUDENT'S FULL NAME	_____
DATE OF BIRTH (DD/MM/YYYY)	___ / ___ / _____
AGE AT TIME OF TRIP (SUMMER 2026)	_____ (Must be 11–16)
CURRENT SCHOOL/EDUCATIONAL SETTING	_____
YEAR GROUP (2025–26 ACADEMIC YEAR)	_____
PASSPORT DETAILS	Passport Number: _____ Expiry Date: ___ / ___ / _____
MEDICAL/DIETARY/ACCESS NEEDS	<input type="checkbox"/> None <input type="checkbox"/> Yes – Please specify: _____



Section 3: Funding & Payment

Estimated Cost: £1,200 per participant

Important Funding Note: We are actively pursuing full or partial funding through the Erasmus+ and Turing Scheme frameworks. Final costs to families will be confirmed once funding is secured.

Please indicate your provisional payment plan preference below (final options will be confirmed later):

- Full payment upon confirmation of final cost
- Instalment plan (details to follow)
- Awaiting confirmation of funding level before commitment

Section 4: Consent & Agreements

By submitting this form, I/we:

- Confirm that the information provided is accurate.
- Understand that this registration indicates a firm intent to participate, subject to final confirmation of itinerary, cost, and funding.
- Acknowledge that a non-refundable deposit may be required once final costs are confirmed.
- Grant permission for my child to take part in all planned educational and cultural activities, subject to final risk assessments and itinerary.
- Consent to the use of my child's image in promotional materials related to the trip (optional):
[] Yes
[] No

Section 5: Declaration

I hereby register my child for the Educational Europe Trip 2026 to Rome and agree to the terms outlined above.

Parent/Carer Signature: _____

Print Name: _____

Date: ____ / ____ / _____



How to Return This Form

Please return the completed form by **Friday, 31 January 2026** via:

Email: Booking@rhscs.org.uk

In person: Hand to your AP coordinator

For questions, contact:

Jay Al Karaki

Head of Service, AP Programme 2026

 07484 371525 |  Booking@rhscs.org.uk

Richmond House Activity Support Team

Tel: 01262 481518 | 07484 371525 | Email: Booking@rhscs.org.uk



Educational Europe Trip 2026 – Rome: Medical Information & Consent Form

Trip Dates: Summer 2026 (Specific dates TBC)

Participant's Name: _____

Parent/Carer's Name: _____

Part 1: Medical History & Current Health

Please provide details to ensure we can support your child's health and well-being throughout the trip.

1. General Health

- Does your child have any current or ongoing medical conditions (e.g., asthma, diabetes, epilepsy, heart conditions, severe allergies, mental health conditions)?
 - No
 - Yes – Please provide details, including triggers, normal management, and any relevant history:
-

2. Allergies

- Does your child have any allergies (e.g., food, insect stings, medication, environmental)?
 - No
 - Yes – Please specify allergen, severity of reaction, and required treatment (e.g., EpiPen, antihistamine):

Allergen: _____

Reaction: _____

Treatment/Medication: _____

3. Medications

- Will your child need to take any medication during the trip?
 - No
 - Yes – Please list all medications (prescription and non-prescription), dosages, administration times, and storage requirements:
-



- **Please indicate how medication should be managed:**

- My child will self-manage their medication responsibly.
- Medication should be held and administered by a designated trip leader/staff member.

4. Dietary Requirements

- Does your child follow a specific diet (e.g., vegetarian, vegan, halal, kosher, lactose-free, gluten-free) due to medical, ethical, or religious reasons?
 - No
 - Yes – Please specify:
-

5. Physical Activity & Mobility

- Are there any restrictions on your child's participation in physical activities, walking long distances, or climbing stairs?
 - No
 - Yes – Please advise on limitations and any necessary accommodations:
-

- Does your child wear contact lenses or glasses?
 - No
 - Yes – Glasses [] / Contact Lenses [] (please ensure a spare pair is packed).
-

Part 2: Medical Consent & Authorisations

This section authorises trip leaders to act in your child's best interest regarding health matters.

1. Consent for Emergency Medical Treatment

I, the undersigned, give my permission for the trip leaders/staff of Richmond House Social Care Services, or a nominated representative, to consent to emergency medical, dental, or surgical treatment for my child, including anaesthesia, as recommended by qualified medical personnel, **if I cannot be contacted in an emergency.**



I understand that every effort will be made to contact me prior to any non-emergency treatment.

Parent/Carer Signature: _____

Date: // _____

2. Medical Insurance

- Please confirm your child will have valid travel/medical insurance covering the trip duration (this is mandatory for participation).
 - I confirm suitable insurance will be in place prior to departure.
 - Insurance Provider & Policy Number (if known):

3. Photographic Consent for Medical Purposes

In the event of a medical incident, staff may need to share a photo of an injury/allergic reaction with medical professionals (e.g., via telehealth consultation).

- I consent to the use of photographs for this specific medical purpose only.
-

Part 3: Key Contacts & GP Details

Emergency Contact 1

- **Name:** _____
- **Relationship:** _____
- **Daytime Phone:** _____
- **Evening Phone:** _____

Emergency Contact 2

- **Name:** _____
- **Relationship:** _____
- **Daytime Phone:** _____
- **Evening Phone:** _____

Family Doctor (GP) Details

- **Surgery Name:** _____
- **Address:** _____



- Phone: _____
 - NHS Number (if known): _____
-

Part 4: Final Declaration

I confirm that, to the best of my knowledge, the information provided on this form is accurate and complete. I agree to inform the trip organisers **immediately** of any changes to my child's health or medication before departure.

I understand that it is my responsibility to ensure my child has adequate medical/travel insurance and any necessary medication for the duration of the trip.

Parent/Carer Full Name (Printed): _____

Parent/Carer Signature: _____

Date: // _____

**Please return this completed and signed form by 30 April 2026] to:
Booking@rhscs.org.uk or hand to your AP coordinator.**

All medical information will be treated with strict confidentiality.
