



Consent Form

Name: _____

Gender: _____

Father's Name: _____

Mother's name: _____

E-mail: _____

Date of Birth: _____

Address: _____

Phone: (M) _____ (R) _____

Passport Number: _____

Passport Country of Issue: _____

School: _____

Class Studying in: _____

Any International Trip Attended before: _____

Height (cms): _____ Weight (Kgs): _____

Veg/Non-Veg (Specify): _____

Medical condition that needs special attention of the Trip staff: _____

Paste Recent
Passport size Photo

Parents Declaration:

I hereby declare that my child/ward is fit to attend the Trip. I shall not hold Pinewood Trails/Pacific World India and school responsible in any way for any loss or damage to person or property occurred due to any natural calamity. I agree to abide by the rules and regulations laid down by the organization.

(Signature, Name of the Parent, Date)

Medical form

BLOOD GROUP _____

NORMAL HEART RATE _____/MINUTE. BLOOD PRESSURE (S/D) _____

STATE WHETHER THE CANDIDATE HAD/HAVE: (GIVE DETAILS)

1. A) PREVIOUS FRACTURE / JOINT DISLOCATION INJURIES / MUSCULAR INJURIES (IF ANY: GIVE DETAILS) _____

b) SPONDYLITIS: _____ c) ARTHRITIS _____

2. CNS _____ CVS _____

RESPIRATORY SYSTEM _____ LIVER _____

SPLEEN _____ HERNIASITES _____

THROAT _____

3. SKIN INFECTION SUCH AS BACTERIAL / VIRAL / FUNGAL OR ANY OTHER COMMUNICABLE DISEASES (IF ANY: GIVE DETAILS) _____

4. HISTORY OF EPILEPSY, DIZZINESS, ASTHMA, TB, VD, ALLERGY, DIABETES, HEART PROBLEMS, WATER PHOBIA, (IF ANY: GIVE DETAILS) _____

5. ANY ABNORMALITY / PHYSICAL DEFECT AS DISABILITY SUCH AS KYPHOSIS, SCOLIOSIS, KNOCK-KNEES, FLATFOOT, OBESITY. (IF ANY: GIVE DETAILS) _____

6. Please send along the medication (if any) _____

I HERBY CERTIFY THAT I HAVE EXAMINED ON THIS DATE: _____

MR. /MS _____ S/o OR D/o MR. _____

AND HAVE RECORDED MY OBSERVATIONS AS ABOVE. I AM SATISFIED THAT HE / SHE IS FIT / NOT FIT FOR _____

DOCTOR'S SIGNATURE: _____ NAME OF THE DOCTOR: _____

REGN. NO _____ TEL NO _____