

**KING EDWIN PRIMARY SCHOOL EDWINSTOWE**

**RESIDENTIAL VISIT TO PGL JUNE 2023**

Full name of child : ..... DOB.....

I agree to my son/daughter taking part in the above-mentioned visit and, having read the information provided, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I understand the extent and limitations of the insurance cover provided.

If there are any activities in which your child cannot participate please give details .....

**1 .Contact numbers**

a) I may be contacted by telephoning the following numbers

Work ..... Home ..... Mobile .....

My home address is .....

b) If I am not available, please contact

Name ..... Telephone Numbers .....

Address .....

c) Name, address and telephone number of family doctor .....

2. Does your child have any special requirements? E.g. tablets.

Details of any medication

Name of medication	Dosage	Time of day or circumstances to be given	Method of administration

Any special precautions, side effects of medication etc.

**I give my consent \*\*** for a member of staff to administer the above medication, which I will deliver to the group leader before the visit. I understand the staff leading the visit are not qualified medical practitioners but that they will take reasonable care in the administration of the medications and will endeavour to respond appropriately should emergency treatment be required.

**I give my consent \*\*** for son/daughter to self-administer the above drugs.

**\*\* delete if not applicable.**

3. Any special dietary requirements?.....

4. Does your child suffer from travel sickness? If this is the case can you provide a tablet for each journey  
 .....
5. Tetanus. When was your child's last injection? .....
6. Is your child susceptible to : 1. Hayfever ..... 2. Asthma ..... Bedwetting .....
7. Does your son/daughter suffer from any condition of which the teacher leading the visit should be aware. YES/NO  
 .....
8. Is your son/daughter allergic to any medication? YES/NO. If YES, please specify  
 .....
9. Do you have any religious beliefs that might affect medical attention? .....
10. Any other points .....
- .....

### Swimming Ability

Is your child able to swim 50 metres or more?	Yes / No
Is your child unable to swim 50 metres or more but is confident in water?	Yes / No
Is your child unable to swim?	Yes / No

**I undertake** to inform the group leader/headteacher, as soon as possible, of any change in the medical or other circumstances between now and the commencement of the journey.

I agree to my son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed ..... Parent / Guardian.                      Date .....

Full Name – Capitals .....

Any other information we might find useful: