



INFORMATION FOR RESIDENTIAL VISIT

Stibbington - *Wednesday 25 April - Friday 27 April 2018*

This form must be completed and returned to school by Monday 16 April 2018. Please write in CAPITALS and in blue or black ink. All information will be treated in confidence and will be destroyed on your child's return.

SECTION 1: PERSONAL DETAILS OF CHILD

Full Name

Date of Birth

Home Address

..... Postcode

Home Telephone Number

24 Hour Contact Telephone Number/s 1;

2;

Name and Address of Child's Doctor

..... Telephone Number

SECTION 2: MEDICAL DETAILS

a) Condition	b) <i>Relevant to Child?</i> Please write YES or NO for all	c) If YES to any in b) write YES or NO to show whether medication will accompany child	d) Additional Details
<i>Asthma</i>			
<i>Diabetes</i>			
<i>Epilepsy</i>			
<i>Hay-fever</i>			
<i>Bed-wetting</i>			
<i>Restless Sleep</i>			
<i>Allergy e.g.</i> peanut, penicillin			

If you have answered 'yes' to any in column c), please hand the medication to Miss Bowman before boarding the coach. The only exception to this is an inhaler which should be carried by the child at all times. Each set of medication should be presented in its own re-sealable bag, clearly labelled with the child's name and the dosage instructions.

SECTION 3: DIET

Please give details of any special dietary requirements (not likes or dislikes) :

.....
.....

SECTION 4: BEHAVIOUR

Please read the following statement and ask your child to sign alongside your signature;

My child and I understand the importance of behaving appropriately when on a school visit. If my child persistently behaves in a way that is putting others at risk or spoiling their enjoyment of the visit, we understand that I will be contacted and asked to collect my child and return them to their home.

Signed.....(Parent) (Child)

SECTION 5: PERMISSION

Please read each statement in turn and sign each one.

- a) I give permission for **Miss Bowman** to administer the medicine detailed in **SECTION 2** as provided by myself for use by my child only. I will provide details on dosage.

Signed (Parent)

- b) I give permission for **Miss Bowman** to administer one dose of Calpol to my child without the need to contact me. I understand that if more than one dose is needed, I shall be contacted.

Signed (Parent)

- c) I give permission for **Miss Bowman** to authorise any emergency medical care. This includes the authorisation of blood transfusion. I understand that as soon as possible after an incident occurs I shall be contacted on the numbers provided in **SECTION 1**.

Signed (Parent)