

# CRANBORNE RESIDENTIAL VISIT

**DATE: FRIDAY 14<sup>TH</sup> OCTOBER – 9AM SATURDAY 15<sup>TH</sup> OCTOBER**

**TRIP LEADER: Miss L Benville**

*Please read and complete this sheet carefully. It provides us with the important information required to ensure that your child has an enjoyable residential visit and in the event of an accident or illness, we can provide or arrange appropriate care. Should you have any further questions about this visit, please contact the trip leader or the school's Educational Visits Co-ordinator, Mr M Parker.*

Pupil's Name.....

Age..... Date of Birth.....

Address.....

## **EMERGENCY CONTACT DETAILS DURING THE DATES ABOVE**

Contact Name..... Relationship to Pupil.....

Daytime Telephone No..... Evening Telephone No.....

Mobile Phone No.....

Alternative Contact..... Relationship to Pupil.....

Daytime Telephone No..... Evening Telephone No.....

Mobile Phone No.....

Child's Doctor..... Surgery Telephone No.....

Details of any food allergies / dietary requirements.....

Details of any medical conditions / medication to be given during the visit (including instructions)/ allergies

When did your child last have a tetanus injection?.....

Please tick the box if you wish your child to be given...

...Paracetamol for pain relief

I agree to inform the trip leader if my child is in contact with or has suffered from any contagious disease or if there are any changes in circumstances between now and the commencement of the journey.

I agree to my child receiving medication as instructed by myself and any dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities and personnel acting in the interests of my child.

I have had the opportunity to view the insurance cover provided and understand its limitations.

*I agree to my child taking part in the activities relating to this visit as described. I have had the opportunity to view the risk assessment and accept that all risks to my child have been considered and action taken for them to be avoided. Should my child's behaviour in any way endanger their own safety or that of others, this may result in their visit being terminated and I will be responsible for their immediate collection.*

Signed..... Date.....

PRINT NAME.....