

**INFORMATION SHEET - PLEASE READ CAREFULLY AND RETURN THIS PAGE TO
SCHOOL BY MONDAY 5th FEBRUARY**

Residential Visit to Marchants Hill Activity Centre – 19th March to 21st March 2018

I wish my son/daughter to be allowed to take part in the above-mentioned school journey. I have read the information booklet and agree to his/her taking part in all of the activities described therein. I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The school will not be responsible for personal injury or any other damage or loss unless it is negligent.

I certify that as far as I am aware, my son/daughter is medically fit* to undertake this activity and there is no known health reason why he/she should not do so. I authorise medical treatment to be provided should this become necessary during the course of the visit.

***Please give details if your son/daughter suffers from any medical condition which whilst not affecting his/her ability to undertake this journey, you consider the Party Leader, Mrs. Richardson, should be aware of.**

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Please list any allergies (including allergies to medication):.....

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Dietary Considerations (eg vegetarian)

My child ***may/may not** take paracetamol tablets/liquid under the direction of the adult leaders, if necessary.

My child ***may/may not** take piriton (antihistamine) under the direction of the adult leaders, if necessary. (Sometimes get insect bites due to being in the woods a lot!)

(*Please delete as appropriate)

Home Address:

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Telephone Numbers:

Home

Daytime emergency number Alternative emergency contact number

Mobile no. (if different from above).....

Signed Parent / Guardian.

Date.....

