

National Support School  
designated by



National College for  
Teaching & Leadership

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**Head Teacher: Mr D Barrow**

25<sup>th</sup> January 2018

Dear Parents and Carers,

## SWANAGE RESIDENTIAL TRIP – CONSENT FORMS AND PARENTS' INFORMATION SESSIONS

**Please find attached a Consent to Activity, Medical Details and Treatment Form which needs to be completed for every child who is taking part in the forthcoming residential trip to Swanage.**

On **Tuesday 6<sup>th</sup> February**, we will be holding information sessions for parents and carers to share more details about the trip to Swanage (Monday 12<sup>th</sup> – Friday 16<sup>th</sup> March). The sessions will include information about the kit required and an overview of the itinerary for the visit. They will also provide an opportunity to address any questions that you may have about the visit. We will be holding two sessions at **3.30pm and 6.00pm** to try to accommodate as many parents and carers as possible.

**The completed consent forms will be collected in at these information sessions.** If you are unable to attend either session for any reason, please ensure that the form is returned to the school office no later than Tuesday 6<sup>th</sup> February. **Please indicate which information session you will be attending on the reply slip below.**

We would ask that you check ParentPay or speak to the school office with regards to what is outstanding on your account and to ensure that you're up-to-date with payments please. It would be appreciated if balances could be settled no later than Friday 23<sup>rd</sup> February.

Many thanks,

**Mr A Lee and Miss L Eggleton**

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## **SWANAGE RESIDENTIAL TRIP – PARENTS' INFORMATION SESSIONS, TUESDAY 6<sup>TH</sup> FEBRUARY 2018**

Name of child: ..... Class: .....

I am able \* / unable \* to attend a parents' information session (\* delete as appropriate)

Number of people attending:

3.30pm

6.00pm

Signed: ..... Date: .....

## Residential Visit Consent to Activity, Medical Details and Treatment Form

Name of pupil: .....

Date of birth: ..... Male  Female

Home address: .....

..... Tel no: .....

Visit to: **The Allnatt Centre, Swanage**

From: **Monday 12<sup>th</sup> March 2018**

To: **Friday 16<sup>th</sup> March 2018**

Emergency contact telephone numbers (home/mobile/work):

1) .....

2) .....

3) .....

Name, address and telephone number of own doctor: .....

.....

Does he/she suffer from: asthma, chest complaints, hay fever, migraine, fits or faints, bad period pains, travel sickness, diabetes, attention deficiency, hyper activity or any other condition, illness of disability? If so, please give details:

.....

.....

Is he/she allergic to anything, e.g. aspirin, antibiotics, any particular food or drug? If so, please give details:

.....

.....

Is he/she having any medical treatment at present? If so, please give written details of treatment and medicines etc. (These **MUST** be labelled, placed in a named bag together with a completed **medical consent form** and handed to the visit leader on departure day)

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**St John's Primary School and Nursery**

Are there any reasons that you know of that will prevent him/her from participating fully in the planned activities?

.....

Are there any activities in which he/she should not participate? .....

.....

Date of anti-tetanus injection (if known): .....

Is there any other relevant information which the visit leader should be aware of?

.....

.....

Please indicate any special food dietary/requirements where applicable: .....

.....

I wish my child to take part in the journey/activities\* and, having read the information provided, agree to his/her taking part in any or all of the activities described.

Name (please print).....

Signature..... Date.....

*\* All journeys and activities carry some amount of risk.*

**CONSENT TO MEDICAL TREATMENT**

I, ..... (YOUR NAME IN BLOCK CAPITALS PLEASE) agree to my son/daughter receiving any emergency or other medical treatment as deemed urgent, necessary and/or in the best interest of my son/daughter by the medical authorities present. This includes dental, medical or surgical treatment, the use of anaesthetics or blood transfusion.

I also agree to the release of relevant and necessary medical information to educational establishment staff by the GP if circumstances are deemed necessary and appropriate.

Signature: ..... Date: .....