



The John Harrox Primary School

Broad Lane, Moulton, Spalding, Lincolnshire, PE12 6PN

Telephone 01406 370426

enquiries@johnharrox.lincs.sch.uk

Headteacher: Mr. D. Pilsworth



YEAR 5 AND 6 RESIDENTIAL VISIT – SEPTEMBER 2021 – PGL BAWDSEY MANOR

This information is required to assist Mr. Broughton in the completion of the risk assessment for the residential visit.

All medical conditions and individual needs of the children must be assessed so that necessary plans can be put in place to minimise any risks.

Please complete this consent form and return it to school by MONDAY 24TH MAY 2021.

Please do not leave any answers blank.

The information will be strictly confidential.

- Details of visit to:** PGL Bawdsey Manor, Bawdsey, Woodbridge IP12 3BH
- From:** Monday, 27th September 12:00 p.m. **To:** Friday 1st October, 4:00p.m.

Child's Name:

SECTION A

Main Contact Details:

Name:

Mobile:Home:

Work:

Home address:

.....

Alternative emergency contact:

Name:

Mobile:Home:

Work:

Home address:

.....





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Name of child's doctor: Telephone number:

Address:

Does your child suffer from any of the following?

- | | |
|-----------------|--------|
| Travel sickness | Yes/No |
| Asthma | Yes/No |
| Hay fever | Yes/No |
| Food allergies | Yes/No |
| Sleep walking | Yes/No |
| Bed wetting | Yes/No |

IF YES, PLEASE GIVE DETAILS: (Including information of any medication your child may take e.g. Piriton for allergies, Travel sickness medication and information about inhaler usage)

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.....

Does your child suffer from any other condition requiring medical treatment, including medication?
YES/NO

IF YES, PLEASE GIVE DETAILS:.....

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.....

Is your child taking any medication at present? YES/NO

IF YES, PLEASE GIVE DETAILS:.....

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.....
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To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

IF YES PLEASE GIVE DETAILS :.....

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.....

Is your child allergic to any medication? YES/NO

IF YES, PLEASE GIVE DETAILS:.....

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.....

When did your child last have a tetanus injection? (Please give month and year, it is usually given as part of the inoculations given before starting school)

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Does your child have any special dietary requirements? YES/NO

IF YES, PLEASE GIVE SPECIFIC DETAILS (N.B. Allergies as opposed to likes/ dislikes)

.....
.....
.....





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I will inform the party leader/headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

SECTION B

AUTHORISATION OF PARTICIPATION

I agree to my child taking part in this visit. I agree to my child taking part in the activities as described. I acknowledge the need for my child to behave responsibly.

Signed

CALPOL: In the event of a minor ailment, e.g. headache, cold, etc. it would be helpful if Mr. Broughton could be given permission to give your child the recommended dosage of Calpol if this was felt to be necessary, without the need to telephone you first. We should be grateful if you would complete the following:

I give / do not give permission for Calpol to be given to my child as above.

Signed

AUTHORISATION OF MEDICAL TREATMENT IN AN EMERGENCY:

I hereby agree to my child receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided during the school visit PGL Bawdsey Manor, September 27th – 1st October 2021.

SignedDate.....

Form completed by (PRINT NAME).....

I am the Parent/Carer (please delete) of named child.....

THIS FORM OR A COPY MUST BE TAKEN BY THE PARTY LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.





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Additional space

Please use this space if you require additional space in order to provide all relevant information regarding your child's medical needs

Thank you

Area with horizontal dotted lines for writing.

