Holly Lodge Primary School

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www.hollylodgeprimary.co.uk

Mr S Meakin BA (Hons) Primary Education

Please complete all relevant sections and return to School Office by Monday 3rd June

YEAR 6 BUTLINS RESIDENTIAL 23rd – 27th September 2019

Information required for children participating in a residential visit. If any of this information changes after you have submitted the form, please speak to the Year 6 Team or School Office.

1. **Surname** ..... **First Names**.....

   Date of birth..... **Age on day of departure**..... **years** .....**months**

   Weight .....

2. **Name(s) of parent(s)**.....

   Home address.....

   Post code..... **Tel. number** .....

3. **Details of additional contact** (*family or friend, for emergency use*) .....

   .....

   .....**Tel. number** .....

4. **Is your child subject to travel sickness? Yes/No**

   If so, please give details and any form of medication which they need to take.....

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5. **Does your child suffer from any allergies? Yes/No** *(including any that may be brought on by outdoor activities)*

   If so, please give details and any form of medication which they need to take.....

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6. **Does your child suffer from any physical difficulty which should be brought to our attention? Yes/No**

   If so, please give details.....

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7. **Is your child subject to:**

a) **Sleepwalking? Yes/No**

b) **Bedwetting? Yes/No**

Please give relevant details.....

8. **Please give details of any hospital visit made by your child, as either an outpatient or inpatient, during the past twelve months**.

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9. **Please give details if your child has any medical condition or medication requirements which, whilst not affecting his/her ability to undertake this journey, you consider we should be aware of, eg. Nosebleeds**

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10. **Does your child have any special dietary requirements? Yes/No** (*e.g. vegetarian, diabetic, religious but not personal likes or dislikes)*

If yes, please give details, including what your child can/cannot eat.

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11. **Please give details of your family doctor**

Doctor's name .....

Doctor's address .....

.....**Tel. No**.....

12. **I consent/do not consent* to any emergency medical treatment necessary during the course of the visit**

I consent/do not consent* to my son/daughter being given a mild pain killer (paracetamol) if considered necessary by the party leader.

*Delete as applicable

I give permission for my child to participate in the visit and declare that the information supplied above is correct up to the present date. Any changes that occur between now and the day of departure will be notified to the school as soon as possible.

Signed (Parent /Guardian) ..... **Date** .....

For safeguarding reasons, any information given on this form will be shared with relevant organisations. Please tick here to agree ☐