



HEALTH AND SAFETY OF PUPILS ON EDUCATION VISITS

This form is to be completed in full by the parent/guardian and returned to Mrs Ellson no later than Wednesday 18 May 2022.

1. **Details**

I agree to my son / daughter (delete as appropriate)

Full name: Year:

Date of Birth:

taking part in the Year 5 school journey to Peshurst Place. I acknowledge the need for good conduct and responsible behaviour on her/his part.

2. **Emergency Details**

If a situation allows where a child has had an accident, the parents/guardian will be contacted. In the event of a real emergency, any decisions for treatment will be taken by the medical professionals. Teachers will not be making decisions for medical treatment; they are not qualified to do so.

I may be contacted by telephone the following number(s):

Home (full number):

Mobile:

Work (full number):

Home address:

.....

Please state an alternative contact point:

Telephone number:

Name and address of contact:

.....

Child health services details:

Family doctor (name, address and telephone number):

.....

3. **Medical Information**

Does your child suffer from any condition requiring medical treatment, including medication?

Yes

No

If YES, please provide full details (including Emergency Procedures).

Please ensure adequate supplies of all emergency medication are available.

(NB Prescribed medication **only**):

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.....
.....

Is your child allergic or sensitive to any medication, insect bites or food?

Yes

No

If YES, please provide full details (including Emergency Procedures):

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.....

Please tick the box/es below if you give permission for a member of staff to administer, to your child,

Calpol

Nurofen

Piriton

should they require it.

Please leave the boxes empty if you DO **NOT** wish your child to be given Calpol, Nurofen and/or Piriton.

Signed:
(Parent/Guardian)

Date: