



## HEALTH AND SAFETY OF PUPILS ON EDUCATION VISITS

***This form is to be completed in full by the parent/guardian and returned to Ms Ellson no later than Thursday 18 May 2023.***

### 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 Penshurst 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**):

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

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

Yes

No

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

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

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: .....