



Queen Eleanor's Church of England Junior School

Queen Eleanor's Road, Onslow Village, Guildford, GU2 7SD

Headteacher: Roger Blackburn
Tel: 01483 561323 Fax: 01483 303984

Acting Deputy Headteacher: Paul Day
e-mail: office@queen-eleanors.surrey.sch.uk

YEAR 5 RESIDENTIAL TRIP TO NORMANDY – MEDICAL/EMERGENCY CONTACT INFORMATION

A return journey by coach to

Chateau du Baffy, Colombiers-sur-Seulles, 14480 Creully, France

from Wednesday 7th to Friday 9th May 2014

Please would you kindly complete this form and the parental consent form as soon as possible and return it to school no later than **Monday 27th January 2014**, so that we may compile the information we need prior the trip. If you need more space for your answers, continue on the back page or on a separate sheet of paper.

Child's Full Name:	Class:	Home Telephone Number:
Date of Birth:	Place of Birth:	
Home address:		
Name & Address of Parent/Guardian and where can be contacted in an emergency during the visit:		
Emergency Contact Telephone Numbers: DAY EVENING MOBILE		
Name & Address of Doctor:	Doctor's Telephone Number:	
National Health Number (can be obtained from your Doctor)		
Does your child suffer from any medical conditions or allergies? YES/NO	If yes, please give details below:	
Is your child currently taking any medication? YES/NO	If yes, please give details below:	



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<p>Does your child require a special diet? YES/NO</p>	<p>If yes, please give details below.</p>	
<p>Is there anything else we should know about? For example, bed wetting, sleep walking etc. YES/NO</p>	<p>If yes, please specify</p>	
<p>If your child requires any form of medicine during this visit, including travel sickness pills, epi-pens or if your child suffers from asthma and may need to carry an inhaler with them, please give details opposite: All medicines should be clearly labelled with child's name, exact instructions and given to a member of staff at the beginning of the visit. In the case of inhalers please only give 1 to a member of staff which will be for emergency use only. The other is to be retained on the child at all times.</p>	<p>Inhaler If needed please ensure you provide <u>2</u> for this trip.</p>	<p>Epi Pen If needed please ensure you provide <u>2</u> for this trip.</p>
<p>Does your child have a birthday during the visit? YES/NO</p>	<p>If yes, please give date:</p>	
<p>I consent to my son/daughter being given a mild painkiller (e.g paracetamol) if considered necessary by the party leader.</p>	<p>YES/NO</p>	
<p>Does your child have any physical problems which may prevent them joining in the activities? If yes, please specify.</p>		

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Form for Parental Consent for a child to take part in an educational visit or school journey.

I wish my son/daughter in class to be allowed to take part in the above mentioned school journey on the date specified.

I have ensured that my child understands that it is important for their safety and for the safety of the group that any rules and instructions given by the staff in charge are obeyed.

I certify that so far as I am aware my son/daughter is medically fit* to undertake this journey and associated activities and there are no known health reasons why they should not do so. I authorise medical treatment to be provided should this become necessary during the course of the visit.

I understand that those supervising the visit are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

*Please give details if your son/daughter suffers from any medical condition which, whilst not affecting their ability to undertake this journey, you consider the Party Leader should be aware.

Signature of Parent/Guardian Date

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