



CONFIDENTIAL

Mary Webb School & Science College, Pontesbury, Shrewsbury, Shropshire SY5 0TG

Head Teacher: Mr A J Smith BSc (Econ) MSc

TEL: 01743 792100

FAX: 01743 792110

Email: admin@marywebbschool.com

Website: www.marywebbschool.com

19th April, 2018

**Please return to the School Office by
Monday Friday 27th April, 2018**

Dear Parent/Carer

Arthog Outdoor Education Centre Friday 18th to Sunday 20th May, 2018

In order that I am fully aware of any medical condition or allergy from which your child may suffer, I ask that you complete this form and return it to me as soon as possible.

Personal information given on this form will be treated with confidence and only divulged to accompanying staff on an essential 'need to know' basis.

All questions **MUST** be answered. Any questions which are not applicable should be marked N/A.

Any changes prior to departure must be given in writing.

Name box

Full Name of Student:

Form:

1. Does your child suffer from any condition requiring regular treatment? **YES/NO**
If **YES**, please give brief description of complaint.

2. Please give details of any medication you are authorising your child to take on this trip. Please state DOSAGE you are authorising and frequency of treatment (*to include Paracetamol etc*).

PARENTS MUST REALISE THAT, BY AUTHORISING THEIR CHILD TO TAKE PART IN THIS TRIP, RESPONSIBILITY FOR TAKING CORRECT MEDICATION RESTS WITH THE CHILD AND NOT ACCOMPANYING STAFF. BY PRIOR ARRANGEMENT, STAFF MAY BE WILLING TO LOOK AFTER MEDICATION, BUT RESPONSIBILITY TO TAKE THE MEDICATION WILL STILL REST WITH THE CHILD.

3. Has your child, to the best of your knowledge, been in contact with any infectious or contagious diseases or suffered from anything that may be, or become, infectious or contagious in the last 3 weeks. **YES/NO**

If **YES**, please give details: _____

4. Is your child allergic or sensitive to penicillin or any other substance, which might be used in treatment? **YES/NO**

If **YES**, please give details: _____

5. Has your child been immunised against the following diseases?

- | | |
|----------------------|---------------|
| ▪ Meningitis | YES/NO |
| ▪ Poliomyelitis | YES/NO |
| ▪ Tetanus (Lock Jaw) | YES/NO |

Give date for Tetanus (*if known*): _____

6. Does your child have any special dietary needs, e.g. Vegan, Vegetarian, etc? **YES/NO**

If YES, please give details: _____

7. Does your child usually suffer from travel sickness? **YES/NO**

8. Any other relevant information you wish the accompanying staff to be aware of:

9. *☐ I give permission/*☐ I do not give permission for my child to take paracetamol for minor pain relief during this trip which will be administered by our accompanying members of staff. (*Please tick appropriately)

DECLARATION: In the event of an emergency: -

(a) I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

(b) I also consent to any first aid treatment which may be necessary.

I undertake to advise the head teacher with the minimum of delay, any change in circumstances referred to on this form between the date signed and the commencement of the trip.

Name: _____ Signature: _____
Parent/Carer

Date: _____

EMERGENCY CONTACTS

Arthog Outdoor Education Centre Friday 18th to Sunday 20th May, 2018

Name: **Form:**

In the event of an emergency/accident/illness, we require emergency contact names and telephone numbers.

1st Contact

Name: _____ Relationship to pupil: _____

Contact Telephone Numbers:	Daytime	_____
	Evening	_____
	Mobile	_____
	Mobile	_____

2nd Contact

Name: _____ Relationship to pupil: _____

Contact Telephone Numbers:	Daytime	_____
	Evening	_____
	Mobile	_____
	Mobile	_____