

# Whitby Residential Trip 16<sup>th</sup> to 18<sup>th</sup> July 2018

Please complete and return by: **9<sup>th</sup> July 2018**. Thank you for your co-operation.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Any dietary requirements \_\_\_\_\_

Any problems and action to be taken (sleep walking, bed wetting, asthma, allergies etc) \_\_\_\_\_

Any medicines to be taken (with instructions). Please give any medicines to the Class Teacher on Wednesday on the morning of departure and complete a medicines form (available from the office). \_\_\_\_\_

Second telephone number in case of emergency

Day \_\_\_\_\_ Evening \_\_\_\_\_

Please indicate whose telephone this is, e.g. grandma, employer, neighbour etc.

IN THE EVENT OF AN ACCIDENT it may be necessary for your child to have immediate hospital treatment. Please would you give your consent for such treatment. (You would be notified by telephone).

I GIVE MY PERMISSION FOR ANY EMERGENCY TREATMENT BY THE HOSPITAL DOCTOR.

Signed \_\_\_\_\_

## TRAVELLING

The coach journey will take around 2 hours. Does your child suffer from TRAVEL SICKNESS  Yes  No

(Please cross out which doesn't apply). If the answer is YES please would you supply (in a named envelope) two travel pills to be administered by staff.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**This form must be returned or your child will not be able to take part in the visit to Whitby.**