

Child's Name	
Destination Details	Condoover Hall
Dates	7 – 10 May 2024
Home Address	
EMERGENCY NUMBER (this number should be available at all times)	
Contact numbers during the trip (please give at least 2 more)	
Date of Birth	
Age during trip	
Doctor's name	
Address	
Tel No.	
Medical Information (include allergies or disabilities)	
Treatment	

Special Dietary requirements (not dislikes!)		
Other Important Notes (e.g. prone to nose bleeds, sleeping habits etc.)		
To the best of my knowledge my child is fit to take part in the trip	Yes / No	
I agree to my child to participate in the above trip	Yes / No	
I consent to any emergency medical/dental treatment which my child may require during the above trip	Yes / No	
<p><u>Parental declaration</u></p> <p>I give permission for my child to take part in the activities organised on the school residential</p> <p>I undertake to inform the organising staff as soon as possible of any relevant change in medical circumstances occurring before the journey.</p> <p>I hereby authorise any accompanying members of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.</p> <p>It is expected that your child will behave in an appropriate manner. If they do not behave you will be asked to collect your child.</p>		
Name of Parent / Guardian		
Signature of Parent/Guardian		
Date		