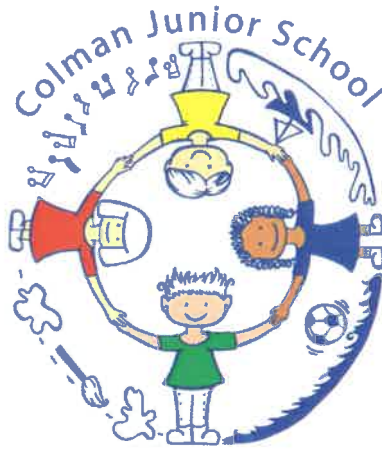


Mrs Julie Sandford
Headteacher



South Park Avenue
Norwich NR4 7AU

5th December 2018

Dear Parent/Carer

Re: Year 4 Residential Visit to Hilltop Outdoor Centre Spring 2019

As our trip draws ever closer, we are starting to collate your child's final details for the centre. Please could you complete both the attached forms and return to either Ms Hughes or Ms Brais by the end of this term. Further details with regards to timings, activities and kit will be sent out in following weeks.

Also, a reminder that the final balance is due at the end of term. You can check balances by logging into ParentPay or contacting the School Office.

Yours faithfully

Ms S. J. Hughes

Ms Hughes

Ms Brais

Encs

Reply slip for Paracetamol (Calpol) Consent - Hilltop 2019

Child's Name:

Class:

I give*/I do not give*permission for my child to receive pain relieving medication when appropriate
(one dosage of paracetamol only).

*please delete as appropriate

Signed..... Parent/Carer

Date.....

F

PARENTAL CONSENT & PERSONAL INFORMATION FORM



(Treated as Confidential Once Completed)

Please complete each section of this form and return it to your Group Leader

(Please do not send this form directly to Hilltop)

Group Name: _____ Date of Visit: _____

Child's Personal Details

Child's Name: _____ Gender: _____ Date of Birth: _____

Doctors Name, Address & Phone number: _____

National Health Number: _____ Date of last Tetanus vaccination: _____

Name & Address of person to contact in an **emergency**: _____

Telephone Number of person to contact in an **emergency**: _____

Name, Address & Phone Number of Parent/Guardian (if different to above) _____

Dietary Information

Food Allergies or Special Dietary Needs: _____

Severity of Allergy: _____

Medical Information

Some minor physical exertion will result if your child participates fully in the course. With this in mind, please provide specific health or medical information that you regard as relevant to your child's visit to Hilltop.

Please circle if your child has or currently suffers from any of the following:

Allergies Asthma Back Problems Diabetes Epilepsy Heart Problems Joint Problems
Raised/Low Blood Pressure Other

Please give more detail if you have circled any of the above _____

Does your child take medication? Yes / No If **YES** please state condition _____

Dosage Required: _____

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child's ability to take part? Yes / No

If you have answered **YES** to any of the questions above, please explain _____

Hilltop has public liability insurance of £5 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event.

I give my consent for this child to attend the course and to be given first aid and medical assistance as necessary.

Signed by Parent/Guardian: _____ Date: _____

Print by Parent/Guardian: _____

Once completed please return to the group leader

Group Leader to ensure this form is fully completed, information within this then needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. A copy of this form needs to be in the possession of the group leaders for the duration of the visit.