



Residential Visit: Mill Rythe 24th – 28th June 2019
Consent, Contacts, Emergency and Information Form

Please complete the form below fully, signed and dated below and return to the school offices by Wednesday 22nd May 2019

Child's Name: _____ Class: _____

Please tick and sign below, all boxes must be ticked for your child to attend school journey

As Parent/Carer of the child named above:

- I agree that my child (named above) has permission to attend and take part in all activities during this trip.
- I recognise the need for my child (named above) to behave responsibly at all times. I have discussed the Code of Conduct on page 5 of this letter and we have both signed to show our agreement.
- I understand that in the event that my child needs to return home earlier than planned due to an emergency, medical, safety reason and/or as a consequence of poor behaviour, I will collect him/her from the venue as soon as possible and meet any costs that may arise from this.
- Should an emergency occur, I agree to my child receiving medication/treatment as considered necessary by the professional medical authorities.
- I will inform the school as soon as possible should any of the information detailed below change between now and the start of the trip.

Signed (Parent/Carer): _____ Date: _____

Print Name (Parent/Carer): _____

Medical, Dietary and Photographs

a) **Does your child have a medical condition (including allergies, asthma)?**

Yes No

If YES, please give brief details:

b) **Will your child need medication whilst at the residential?**

Yes No

If YES (please list all):

What is the medication?	What is it for?

d) **Is your child allergic to any medication?**

Yes No

If YES, please give details.

e) **When did your child last have a tetanus injection?** _____

f) Please give details of any other concerns or issues regarding your child that would be useful to know about for the trip (e.g. anxieties, bed-wetting, sleep issues, travel sickness etc).

g) Does your child have any food allergies or dietary requirements?

	If yes, please tick all that apply:	
No pork		
No beef		
No chicken		
No fish		
No dairy		
Vegetarian diet (no meat or fish)		
Vegan diet (no animal products)		
Halal diet (no meat but can have fish)		
Kosher diet		
Food allergies	Please state what he/she is allergic to:	Does your child have an epi-pen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other	Please give details	

h) I give permission for my child's photograph to be taken and used by Belleville for the website or other displays within school

Yes No

Emergency Contact Details for 24th – 28th July 2019

In the case of an emergency, the first point of contact will be the parent/carer.

Please provide below the contact details of 2 more adults who can act on your behalf in case we cannot contact you.

	Parent/Carer Contact	Ist Emergency Contact	2nd Emergency Contact
First name:			
Surname:			
Relationship to child:			
Mobile number:			
Home number:			
Other phone number (if possible):			

Belleville Primary School

Year 6 Residential: Mill Rythe 24th -28th June 2019

Code of Conduct

Please read with your child and both sign to show your agreement.

All children on the trip will be expected to:

- Behave at all times in a manner, which is a credit to him or herself, the group and the School
- Observe normal school behaviour expectations
- Be considerate to others at all times
- Follow instructions from all members of staff (including activity leaders) at all times
- Participate fully in activities and sessions during the visit
- Show care and consideration for equipment and possessions, including accommodation and furniture

Signature (Pupil): _____

Signature (Parent/Carer): _____

Date: _____