



SUTTON ST JAMES C.P. SCHOOL
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Headteacher: Miss Claire Willows



13th June 2016

London Residential Meeting – Monday 27th June, 6pm

Dear Parents,

Would you believe that it will soon be time for your child to go to London on the residential visit! Time since we had our first meeting about the visit has flown by and Mrs Morgan and I have been busy finalising all of the details and completing risk assessments for the visit.

On Monday 27th June we will be having a short meeting about the visit to let you know the exciting itinerary, what the children will need to take with them and our expectation of the children whilst we are there. The meeting will start at 6pm and there will be an opportunity for you to ask any questions that you have at the end of the meeting.

Please find attached a medical form for you to complete and return to school prior to the meeting. It is important that we have up to date contact details for you for the visit. If these change in the few weeks between completing the form and us going please ensure that you have let us know.

We look forward to seeing you, and your children, at the meeting when we can tell you all about this amazing visit which we are really looking forward to and which we are sure the children will remember for the rest of their lives!

Yours sincerely

Miss C Willows
Headteacher

Sutton St James CP School

PARENTAL CONSENT FORM FOR A SCHOOL VISIT

SCHOOL: Sutton St James CP School

NATURE OF VISIT: Residential visit

1. Details of visit to: London, England

From: Thursday 7th July 2016

To: Friday 8th July 2016

I agree to _____ (name of child), taking part in this visit and have read the information. I agree to my child's participation in the activities described. I acknowledge the need for **him/her** to behave responsibly.

2. Medical information about your child
Please state

a. Any condition requiring medical treatment, including prescribed medication
YES/NO

If YES, please give brief details:

b. Please outline any special dietary requirements of your child (allergies or cultural / religious practices, **not preferences**)

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES/NO

If YES, please give brief details:

d. Is your son/daughter allergic to any medication? YES/NO
If YES, please specify:

e. When did your son/daughter last have a tetanus injection?

Contact telephone numbers: (e.g. Mum, Dad)

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Alternative Emergency Contact: (e.g. Grandparent, Neighbour)

Name _____ Relationship to child _____

Work _____ Home _____

Mobile _____

Home Address _____

Name of Family doctor _____ Tele. Number _____

Address _____

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the visit.

3. Declaration

- I agree to my son/daughter receiving prescribed medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I give permission for my child to receive an appropriate dose of paracetamol based medication (e.g. Calpol) should it be required in the event of a headache or earache etc.

Signed _____ Date _____

Full Name (capitals) _____