



1 Worrall Drive, Wouldham Kent ME1 3GE
☎: 01634 861434 Email: office@wouldham.kent.sch.uk
Headteacher : Mrs Victoria Baldwin BSc (Hons) NPQH

1. Year 5 Residential Visit to: Bewl Water

Monday 19th - Wednesday 21st February 2024 (Jackdaw)
Wednesday 21st – Friday 23rd February 2024 (Raven)

CHILD'S NAME

CHILD'S DATE OF BIRTH

I agree to my child taking part in this visit and have read the information sheet. I agree their participation in the activities described. I acknowledge the need for my child to behave responsibly.

2. Medical information about

a. Any conditions requiring medical treatment, including medication? (MEDICATION TO BE BROUGHT TO SCHOOL BY THURSDAY 8TH FEBRUARY)

b. Please outline any special dietary requirements of your child.

c. Are we able to administer pain/flu relief medication (if necessary):

d. Any allergies?

e. Can we administer antihistamine in case of allergic reaction?

f. Can your child confidently swim 10m?

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



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3. Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Contact telephone numbers:

Name:

Relationship:

Telephone number:

Alternative emergency contact:

Telephone number:

Signed: _____

Date: _____

Full name (capitals):

I give consent for any images of my child to be included in any possible publicity for the school, centre or attractions visited. (eg any photographs taken by school or centre staff and subsequently used in school documents or on the website.)

Signed: _____

Date: _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL CONTACT.