



Thursday 24th March 2016

Dear Parents/Carers

EDALE RESIDENTIAL TRIP

Please find attached two Medical Consent forms for you to complete and return to school as soon as possible. The first form is for YHA Edale, and will be required to be sent to Edale prior to our visit. All information is confidential, however, to comply with data protection regulations we must make you aware that the 'Edale Medical/Travel Consent Form' will be sent to the Youth Hostel.

The second consent form is our Additional Medical & Trip Consent Form. We have also attached the suggested packing lists.

As detailed in our form, if you intend to send your child on the trip with any medication, creams or ointments, please complete the 'Administration of Medicines' form enclosed.

If you are worried about your child's medical needs please do not hesitate to write the details on a separate piece of paper or to call into the school office, there will be a designated first aider accompanying the children on the visit, that nearer the time you can discuss any of your concerns with.

I would like to invite you to attend a short Edale Trip meeting at school on Monday 25th April 2016 starting at 5:45pm (finishing at approx. 6:45pm) in the main hall.

At this meeting we hope to be able to answer any questions or concerns that you may have about the visit. If you are unable to make this meeting, please let the office know as we can ensure that a paper copy of any vital information is available.

Please also find attached a 'kit list' for your child to pack for the trip, and a suggested 'kit list' for the journey. If you have any questions or queries on the packing or travel lists please don't hesitate to contact the school office.

The Edale Medical/Trip Consent Form needs to be handed in to school before Friday 15th April 2016. Children without a signed medical and completed medical form **will not be permitted to travel**.

Please return all other completed forms at the meeting. To try and help with administration and ensuring that the trip leaves school on time, it would be helpful if any medications could, if possible, be handed in to school before Monday 16th May 2016.

Yours sincerely

Kerry Lawn

Miss K Lawn
Year 6 Teaching and Learning Manager

EDALE MEDICAL/TRAVEL CONSENT FORM

It should be completed by **all participants** and returned to Robert Kett Primary School.
Due to data protection we must inform you that this form will be sent to the YHA Edale Activity Centre and is strictly confidential.

Name of course/holiday: Year 6 YHA Edale Alex Rider Spy Academy

Date of course: Monday 23rd – Friday 27th May

Name of participant **Date of Birth**..... **Sex**

Home Address

.....

Contact address if different from home address.....

.....

Tel No. **Tel No.**

Family Doctor's name and address

.....

..... **Tel**

No.....

This section to be completed and signed by everyone. If participant is under 16 years of age this should be completed by a parent or guardian.

Please state if you/your child suffers from any allergies and what form they may take

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Have you/your child ever suffered from: Asthma

(If YES, please give details) Epilepsy

Diabetes

Heart condition

Have you/your child been vaccinated for Tetanus?

If YES please give the date of your last injection

and if a booster dose has been given

Details of any other medical conditions requiring regular treatment or likely to make medical treatment necessary.

.....

Details of special diet (inc. vegetarian)

.....

I agree to my child participating in this holiday/activity and I understand the nature of the activities undertaken. I also agree to medical and dental treatment being given to him/her if required, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendations of a qualified medical practitioner.

Signed **Date**

Relationship to child (if applicable)

PLEASE NOTE that without the above signature your child, if under 16, will **NOT** be permitted to participate in any outdoor activities.

Robert Kett Primary School
Additional Medical & Trip Consent Form

Please give name and dosage of any medications currently being taken:

(If you intend to send medication, ointment, cream etc. with your child, e.g. antihistamine cream, eczema cream, please come to the school office to complete an 'Administration of Medicines' consent form, as **without this we will be unable to administer these to your child**)

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please list food allergies or foods to be avoided for medical or religious purposes:

(Please give as many details as possible, e.g. if you have an egg allergy, can egg be used as an ingredient?)

Please delete as applicable: Vegetarian: Yes/No Vegan: Yes/No Other: Please detail:

Please provide any other non-medical information which you feel might be useful, or that the Visit Leader should be aware of: e.g. phobias, hyperventilation, sleepwalking, travel sickness, anxieties, toileting difficulties, friendship problems, etc. Please use a separate sheet of paper if you prefer or if you need more space.

TRIP CONSENT

I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.

I fully understand and accept that, while the supervisory adults in charge of the group will take all reasonable care of the young people, neither they, nor Norfolk County Council, can necessarily be held liable in respect of loss or damage to property or injury suffered by my child arising out of the educational visit/journey, unless such loss, damage or injury results from the negligence of Norfolk County Council, its employees or official volunteers.

Signature of Parent / Guardian: _____

MEDICAL CONSENT

There may be occasions where children may have the need, in the case of minor ailments, for pain relieving medication. With your permission, we will provide one age appropriate dose of paracetamol suspension ('Calpol') in these cases. The decision as to whether to give pain relieving medication is taken by the trained first aider, who accompanies this trip.

I give/do not give permission for my child/ward to receive pain relieving medication when appropriate.

Signature of Parent / Guardian: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.



ADMINISTRATION OF MEDICINES

Robert Kett Primary School will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by			
Name of child			
Date of birth			
Class			
Medical condition or reason for the medication			
NB: Medicines must be in the original container as dispensed by the pharmacy			
Name/type of medicine <i>(as described on the container)</i>			
Expiry date			
Dosage and method			
Timing			
Special precautions/other instructions			
Are there any side effects that we need to know about?			
Can your child self-administer– y/n			
Procedures to take in an emergency			
Contact Details			
Name			
Daytime telephone no.			
Relationship to child			
Address			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Robert Kett Primary School staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Date medicine provided by parent			
Quantity received			
Quantity returned			

Staff signature _____ Authorised _____

Date									
Time given									
Dose given									
Name of member of staff									
Staff initials									

Date									
Time given									
Dose given									
Name of member of staff									
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Name of member of staff									
Staff initials									

Edale Trip Packing List

Essentials

- Several old shirts or T-shirts
- 2 or 3 pairs of old trousers, possibly old tracksuit, **not jeans**
- 2 or 3 jumpers or warm tops, 2 thin ones are better than one thick one
- Several pairs of socks, including 1 thick pair if you have them
- Several changes of underwear
- 1 pair of old trainers for use on wet / muddy activities
- 1 pair of walking boots and/or wellingtons; the centre can provide these if needed
- 1 pair of shoes/trainers for use in the centre
- Pyjamas
- 1 slightly smarter set of clothes for meals and wearing in the centre
- Warm hat and gloves
- A Warm and Waterproof coat with hood and waterproof trousers. The centre has some waterproofs but generally participants feel more comfortable in their own.
- A bag for separating clean and dirty clothing is a good idea.

Wash kit

- towel
- toothbrush
- toothpaste
- hairbrush
- soap
- flannel

Backpack

- 1 Plastic water bottle
- Small backpack
- Torch & spare battery; very important for anyone participating in evening outdoor activities

Please note that there is a strong possibility that participants will get wet and muddy during their stay, new and expensive items of clothing are best left at home.

Anything that can be labelled/named should be. Items get lost very easily. Clothing should be clearly marked with your name and your suitcase/holdall should be clearly labelled with your name and the name of the school.

Edale Kit List for the Journey

What to wear for the journey

- comfortable clothes
- trainers
- a safe place to keep money – purse, wallet

In a backpack/strong bag (for inside the coach and for visits)

- Packed lunch in disposable wrappers and plastic bags (no lunch boxes) for the first day.
- Snack and drink
- Note pad and pencil case
- Reading book/quiz book
- Camera (optional and own responsibility....not i-phone)
- **iPod/iPod touch for listening to music but no iPhone, no games consoles, no phones.**

***Remember you have got to carry all your kit
to the coach and into the hostel.***

- **Pocket Money**
Apart from the first day this will be given out by the group leader each day during morning briefing.
- **Medication**
Children should have their inhalers on them at all times. Preferably in a zipped pocket or 'bum bag' (all other medications, including a travel pill for the return journey, should be put in a clearly named container in original box/packaging with instructions as per detailed on the medical consent letter.