



Moore Primary School
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RESIDENTIAL SCHOOL TRIP EMERGENCY FORM

TRIP: Year 5 - Conway Centre - Angelsey

Date: 19-21 April 2010

1. I/We give permission for (Child's Name) to take part in the activities on the above trip. I/We authorise the administration of any necessary medication or First Aid and give permission for the teacher in charge to sign on my behalf any forms of consent required by the hospital authorities in the event of my son/daughter being ill or injured during the course of the journey, or stay, to the extent that a surgical operation or serum injection becomes necessary, provided the delay required to obtain my own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger my son's/daughter's health or safety.

I/We acknowledge the need for my child to behave well at all times and have discussed this with him/her. He/She understands the need to listen to and follow instructions at all times. I undertake to collect my child from the centre if asked to do so by school staff.

Signed: (Parent/Guardian)

2. For the duration of the trip I/We can be contacted as below:

1) Main contact

2) Second Contact

Daytime: Name: _____

Address: _____

Telephone: _____

Mobile Phone: _____

Evening Address _____

Telephone: _____

(Please turnover for second page)

3. Name and address of your child's doctor:

Name: _____

Address _____

Telephone: _____

4. Please indicate below if your child has any special dietary requirements and any known allergies and/or existing medical conditions, which may affect him/her during the trip.

5. Is there any information which school should be aware of?
(eg suffers from vertigo, claustrophobia or is frightened of the dark etc)
