

Residential Trip to Lodge Hill Activity Centre (Watersfield, Near Pulborough, West Sussex RH20 1LZ)

(Weds 18th – Fri 20th June 2025)

This form must be fully completed and signed in order for your child to attend

Child's full name: _____ Child's date of birth: _____

Emergency contact details

Contact 1	Contact 2
Full name:	Full name:
Relationship:	Relationship:
Telephone home:	Telephone home:
Mobile phone:	Mobile phone:

Declaration:

I wish my child to be allowed to take part in the above-mentioned school residential trip and having read the original information letter, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Signed: _____ **Date:** _____

Name: _____ **Relationship to child:** _____

Medical details

My child has: ☐ No illness or physical disability
☐ The below illness or physical disability (please detail any required medical treatment)

Medical Questionnaire

Child's full name	
Doctor surgery name/number	

Has your child had any of the following (circle relevant answer):

Asthma or Bronchitis	YES	NO
Heart Condition	YES	NO
Fits, fainting or blackouts	YES	NO
Severe headaches	YES	NO
Diabetes	YES	NO
Allergies to any known drugs or medication	YES	NO
Any other allergies e.g. material, food, insect bites etc.	YES	NO

Please give details for any question you have answered YES (attach a separate sheet if required)

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Does your child require special dietary requirements: (e.g. Vegetarian)	YES	NO
Details:		
Do you give permission for your child to take Calpol in case of headache/other pains? ★	YES	NO
Do you give permission for your child to take antihistamine (Piriton) for minor allergies/bites ★	YES	NO
Does your child suffer from Travel sickness? If yes, please ensure you supply tablets in the original packaging & complete a medicines form.	YES	NO
Has your child received vaccination against Tetanus in the last 10 years?	YES	NO
Is your child receiving medical treatment of any kind from either your GP or Hospital?	YES	NO
Details:		
Has your child been given specific medical advice to follow in emergencies?	YES	NO
Details:		

★ Medication can ONLY be administered if your child has taken this medication previously with no adverse effect.

If your child requires any **regular medication** administered during the trip (including travel sickness tablets) this will require a 'Parental consent to administer medication' form to be completed. Please collect this from the school office prior to the trip departure day.

ALL medicines MUST be supplied in the original packaging with the written instructions.

I confirm the above information is correct and consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ **Name:** _____ **Date** _____