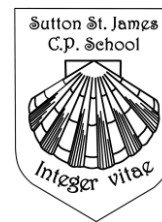




**SUTTON ST JAMES C.P. SCHOOL**  
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Tel: 01945 440209  
Headteacher: Miss Claire Willows



12<sup>th</sup> March 2025

Dear Parents,

**London Residential– 5-6<sup>th</sup> June 2025**

As the time for your children to go to London approaches, we need to collect and collate some key medical information. It is essential for us to be made aware of any medical conditions and allergies that your child has so that we can ensure that they can be cared for effectively.

Please complete the attached medical form as soon as possible, filling in **all** sections, and return it to school before **Wednesday 26<sup>th</sup> March**. If any of the information on the form changes in the time between completion of the form and the visit, please keep us up to date and informed. Thank you.

Please also complete the form indicating your child's food preferences as described on the sheet.

Yours sincerely

*C. Willows*

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

**From:** Thursday 5<sup>th</sup> June

**To:** Friday 6<sup>th</sup> June 2025

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:

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

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- 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:

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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) \_\_\_\_\_

Name \_\_\_\_\_

On Friday 6<sup>th</sup> June the hotel will be providing us with a packed lunch to eat during the day. Please help them to prepare by choosing which sandwich filling you would like. Please tick one:

<b><u>Sandwich filling</u></b>	<b><u>Tick one</u></b>
Ham	
Cheese	
Chicken	
tuna mayo	
Tuna sweetcorn	
Vegan cheese	

### **Hard Rock Cafe**

On Thursday 5<sup>th</sup> June, before we head to the theatre, we will be eating at The Hard Rock Cafe. In order to help them cater for our large group, please choose one main meal.

Dessert will be warm Chocolate brownie with chocolate sauce and fresh whipped cream (can be GF)

<b><u>Main meal options</u></b>	<b><u>Tick one</u></b>
Original Legendary Burger with smoked bacon, cheddar cheese, crispy onion ring, lettuce and tomato with fries (can be GF)	
Moving Mountain Burger - 100% plant-based patty with cheddar cheese, crispy onion ring, lettuce and tomato with fries (V)	
Grilled Chicken Sandwich with melted Monterey Jack cheese, lettuce and tomato with honey mustard sauce & fries (can be GF)	
Twisted Mac, Chicken & Cheese - Grilled chicken breast, with cavatappi pasta tossed in a four cheese sauce with diced red peppers	
Grilled Chicken Caesar Salad with romaine tossed in a classic Caesar dressing topped with parmesan crisps, croutons and shaved parmesan cheese (can be GF)	
Crispy Tupelo Chicken Tenders served with fries, honey mustard and house made BBQ sauce	