



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



18th April 2024

Dear Parents,

Cloverley Hall, Shropshire – 5-7th June 2024

As the time for your children to go to Cloverley Hall, Shropshire, approaches we need to collect and collate some key medical information, you have given us some of this information via ParentPaybut this is a bit more in depth. 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 **Monday 29th April**. 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.

Yours sincerely

C. Willows

Miss Claire 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: Cloverely Hall, Shropshire

From: Wednesday 5th June **To:** Friday 7th June 2024

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:

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

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:

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)_____