



The Ridgeway School

Inspiring learners for their future

Snowdonia Trip based at Tan-Yr-Wyddfa

I am willing for the person named to participate in this activity from 17-20/02/19.

Name Date of Birth Male\Female Tutor group

Home Address

Medical Information

Does your son/daughter have any conditions requiring medical treatment, including medication? Yes/No

If **YES** please give brief details:

Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary. In signing this form you are giving permission for standard medication of paracetamol and/or ibuprofen to be administered by a first aider if you do not state any issues here.

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For residential visits and exchanges only

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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.....

Is your son/daughter allergic to any medication? Yes/No

If **YES** please specify:

.....
.....

When did your son/daughter last have a tetanus injection? Date

Do you consent to your son/daughters' photograph*/name* being used in any publication relating to the visit?

Yes*/no* (Please delete as necessary)

Has the school nurse drawn up a medical care plan for your son/daughter? Yes*/No*

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform **The Ridgeway School and Sixth Form College** as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Emergency contact telephone numbers:

1st contact:

Name Work

Home

Mobile

2nd contact:

Name Work

Home

Mobile

Name of family doctor:

Name Phone

Address

Signed..... Parent/Guardian. Date.....

Print