



Year 6 Residential
Information & Authorisation Form

Child's Name	
Destination Details	Condover Hall
Dates	7 – 10 May 2024
Home Address	
EMERGENCY NUMBER (this number should be available at all times)	
Contact numbers during the trip (please give at least 2 more)	
Date of Birth	
Age during trip	
Doctor's name	
Address	
Tel No.	
Medical Information (include allergies or disabilities)	
Treatment	

<p>Special Dietary requirements (not dislikes!)</p>	
<p>Other Important Notes (e.g. prone to nose bleeds, sleeping habits etc.)</p>	
<p>To the best of my knowledge my child is fit to take part in the trip</p>	<p>Yes / No</p>
<p>I agree to my child to participate in the above trip</p>	<p>Yes / No</p>
<p>I consent to any emergency medical/dental treatment which my child may require during the above trip</p>	<p>Yes / No</p>
<p><u>Parental declaration</u></p> <p>I give permission for my child to take part in the activities organised on the school residential</p> <p>I undertake to inform the organising staff as soon as possible of any relevant change in medical circumstances occurring before the journey.</p> <p>I hereby authorise any accompanying members of staff of the school to give consent to such medical treatment as is considered necessary for my child by a qualified medical practitioner during the visit.</p> <p>It is expected that your child will behave in an appropriate manner. If they do not behave you will be asked to collect your child.</p>	
<p>Name of Parent / Guardian</p>	
<p>Signature of Parent/Guardian</p>	
<p>Date</p>	