



## Avalon School Residential Information & Authorisation Form

|  |  |
|--|--|
| <b>Child's Name</b>  |  |
| <b>Destination Details</b>   |  |
| <b>Dates</b>   |  |
| <b>Home Address</b>  |  |
| <b>EMERGENCY NUMBER<br/>(this number should be<br/>available at all times)</b>   |  |
| <b>Contact numbers during<br/>the trip<br/>(please give at least 2<br/>more)</b>                                       |  |
| <b>Date of Birth</b>   |  |
| <b>Age during trip</b>   |  |
| <b>Doctor's name</b>   |  |
| <b>Address</b>   |  |
| <b>Tel No.</b>   |  |
| <b>Medical Information<br/>(include allergies or<br/>disabilities)<br/>Continue on separate<br/>sheet if necessary</b> |  |
| <b>Treatment</b>   |  |

|   |                 |
|---|-----------------|
| <p><b>Special Dietary requirements (not dislikes!)</b></p>  |                 |
| <p><b>Other Important Notes (e.g. prone to nose bleeds, sleeping habits etc.)</b></p>   |                 |
| <p><b>To the best of my knowledge my child is fit to take part in the trip</b></p>  | <p>Yes / No</p> |
| <p><b>I agree to my child to participate in the above trip</b></p>  | <p>Yes / No</p> |
| <p><b>I consent to any emergency medical/dental treatment which my child may require during the above trip</b></p>  | <p>Yes / No</p> |
| <p><b>My child can swim 25 metres unaided</b></p>   | <p>Yes / No</p> |
| <p><b><u>Parental declaration</u></b></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><b>Name of Parent / Guardian</b></p>   |                 |
| <p><b>Signature of Parent/Guardian</b></p>  |                 |
| <p><b>Date</b></p>  |                 |