



Year 9 residential trip to The Outward Bound Trust, Aberdovey

1. **Details of Visit to:** The Outward Bound Trust, Aberdovey, Wales.

Monday 8th April to Friday 12th April 2024

I agree to _____ (name of child) taking part in this visit and have read the information letter. I agree to their participation in the activities described. I acknowledge the need for my child to behave responsibly.

2. **Medical Information about your child:**

a. Is your child affected by any illnesses or disabilities relevant to this visit? YES/NO
If YES details:

b. Is your child currently taking any medication? YES/NO
If YES details:

c. Is your child currently receiving medical treatment? YES/ NO
If YES details:

d. What type of pain relief medication may your child be given if necessary?

e. Is your child allergic to anything? YES/NO
If YES, details (severity, treatment etc.):

f. Please outline any special dietary or other requirements of your child:

g. I will inform the Party Leader/Headteacher as soon as possible of any changes in my child's medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my child receiving medication as I have instructed. I authorise the leaders and first aiders on this visit to give permission for my child to receive any emergency dental, medical or surgical treatment, including the administration of anaesthetic as considered necessary by the medical authorities present if this should occur at a time when my consent to the particular treatment cannot otherwise reasonably be obtained.

Note: If there are some medical treatments you will not consent to please ensure that you tell the party leader about these and attach details to this form.

If my child is taking part in outdoor education, I acknowledge the residual risk inherent in adventurous activities.

Signed: _____ Date: _____

Full name (capitals): _____

Contact telephone numbers:

Mobile: _____

Work: _____ Home: _____

Home address:

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

GP's / Consultants name: _____ Telephone number: _____

Address _____