



Additional information Form – Level 3 Visits

CONFIDENTIAL

Please return to: **Mr Allott (Visit Leader)**

The Visit Leader will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: **PGL – Caythorpe Court**

Day & date of departure: **Sunday 21st May 2023** Time: **13:30**

Day & date of return: **Wednesday 24th May 2023** Time: **17:00 (approx.)**

List of activities to be undertaken: **TBC**

Method of travel: **Coach** (seat belts fitted as standard - **Yes**)

Additional Parent/Guardian Details: (In addition to the main contact)

Name: _____

Relationship to the child: _____

Contact Details: _____

Please give details of any recent illnesses:

Please tell us about any food not eaten for **religious** or **health** reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, hyperventilation, sleepwalking, travel sickness etc.

I give/do not give* permission for my child to receive pain relieving medication when appropriate (one dosage of paracetamol only).

** please delete as appropriate*

I agree to my child 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.

Signature of Parent / Guardian: _____

Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

In event of an asthma attack:

1. I can confirm that my child has/has not been diagnosed with asthma and has/has not been prescribed an inhaler *[delete as appropriate]*.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them – Yes/No/Not applicable *[delete as appropriate]*.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies - Yes/No/Not applicable *[delete as appropriate]*.

Signature of Parent / Guardian: _____