

We are collecting information to help us to prepare for the residential trip to 'High Adventure'. Please complete the following questionnaire about your child and return it to the school office by the end of June

Full Name

Date of birth

Any other medical or emotional issues that you feel we should know about:

Your contact details (name and phone number):

Daytime:

Evening:

Alternative numbers emergency names and contacts:

Any medication that your child needs during the residential must be handed to the teacher in charge on the morning of the visit, clearly labelled and with relevant instructions.

I give permission for calpol to be administered by a member of Park Grove staff if they feel it is necessary.

Signed

I give permission for my child to travel to High Adventure by coach and participate in the activities provided.

Signed

Thank you,

Vicky Hearson