



Visit:	Hudnall Park (residential trip)		
Visit Leader:	Mr B Strahan		
Date of Visit:	From: Wednesday 5 th June 2024	To:	Friday 7 th June 2024

Child/Young Persons Full Name:	
Date of Birth:	
Does the above person:	
• Have a medical condition requiring medical treatment or medication?	Y/N
• Have an allergy to certain medications?	Y/N
• Is s/he able to administer her/his own medication?	Y/N
Please give details of medical condition/treatments or allergies to medications below:	
Has s/he received a tetanus injection in the last 5 years?	Y/N
Has s/he been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious?	Y/N
If yes, give details:	
Does s/he have any special dietary requirements?	Y/N
If yes, give details:	
I wish to draw the following to the visit leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

HOME AND EMERGENCY CONTACT INFORMATION

(Must be contactable for the duration of the visit / activity)

	MAIN	ALTERNATIVE
Name:		
Relationship:		
Address:		
Telephone Numbers:		
Day:		
Evening:		
Other:		

FAMILY DOCTOR DETAILS

Name:
Address:
Telephone Numbers:
Child / Young Person's NHS number (if known)

Declaration by person with parental responsibility for the child/young person.

- I have received and fully understood the details of the proposed visit/activity
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged
- I understand the extent and limitation of the insurance cover provided
- I agree that **(full name of child/young person):** _____
 - can participate in the visit and activities described
 - can be transported in the private vehicles of staff/volunteers supervising the visit where necessary
 - is in good health and fit to participate in the activities described
 - can receive medical treatment as necessary
- I undertake to inform the group leader of any change in medical circumstances prior to the activity date
- I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect. In the event that their behaviour is not acceptable, I acknowledge that it is my responsibility to make arrangements for them to be collected and cover any associated costs.

Signed:	Name in Capitals:
Relationship:	Date:

**The information on this form should be retained by the establishment's emergency contact.
A copy may be taken by the visit leader on visits outside the UK.**