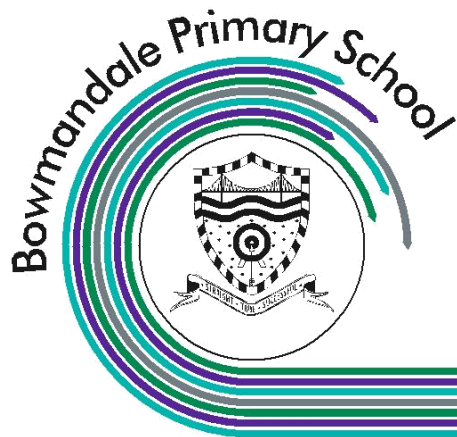




Straight... True... Successful

19<sup>th</sup> March 2025

Dear Families,

**High Adventure Residential Visit – Wednesday 25<sup>th</sup> – Friday 27<sup>th</sup> June 2025**

As the time is now drawing closer for our Year 6 residential visit, we kindly ask that you are able to complete the attached personal information form, and that the final balance of the trip is paid via ParentPay (if you haven't already done so) by 23<sup>rd</sup> May 2025.

A suggested clothing list is also enclosed to help you plan which clothes your child will need to take with them.

If you require any further information, then please do not hesitate to contact the school. The children will receive further details shortly about the itinerary for the visit.

We're very much looking forward to the visit!

Yours sincerely

*A. Taylor & L. Singleton*

Mr. Taylor & Miss Singleton  
Year 6 Teachers



# High Adventure Personal Information Form

|                                                      |               |         |
|------------------------------------------------------|---------------|---------|
| Name                                                 | (Male/female) | D.O.B.  |
| Hobbies/Interests                                    |               |         |
| Name, Address & Telephone Number of Parent/Guardian: |               |         |
|                                                      |               |         |
| Postcode                                             |               | Tel No. |
| Alternative emergency contact number:                |               |         |

## **Medical and other details**

Please give details of any condition from which your child suffers ie. illness, allergies, physical disability, visual or hearing impairment etc.

## **Please give details of any medication your child requires:**

| Name of medication                                                               | Dosage | Frequency |
|----------------------------------------------------------------------------------|--------|-----------|
|                                                                                  |        |           |
|                                                                                  |        |           |
|                                                                                  |        |           |
| Is your child immunised against tetanus?<br>(please give date of last injection) |        |           |
| Does your child suffer from enuresis (bed-wetting)?                              |        |           |
| Name, address and telephone number of G.P.                                       |        |           |
|                                                                                  |        |           |

Does your child have any dietary restrictions e.g. Vegetarian, halal or coeliac? Please give details here

Any other details that you feel are relevant can be given on the reverse of this form - Thank you.

I consent, if an emergency should occur at a time when my consent cannot otherwise reasonably be obtained, to the above child receiving any medical or surgical treatment deemed necessary by a qualified medical practitioner or to first aid being administered.

|         |                   |       |
|---------|-------------------|-------|
| Signed: | (Parent/Guardian) | Date: |
|---------|-------------------|-------|