

**Mrs E. Sanderson and Mrs J. Whiteley Athersley South Primary School**

**Joint Headteachers Wakefield Road**

**Barnsley**

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11th December 2017

[www.athersleysouthprimary.co.uk](http://www.athersleysouthprimary.co.uk)

Dear Parents

Please find attached a pre-course medical sheet for the forthcoming residential trip to Ullswater. All of the sections on the form **must be completed in full** and then returned by **Monday 18th December** as I need to send them to the Outward Bound Trust. If you are having any difficulties with any part of the form, please do not hesitate to contact me and I will be happy to assist you. If your child’s form is not completed before the holidays, Outward Bound will not allow your child to participate in the residential visit.

Please ensure that your completed form is returned to Mrs Barlow in the school office, where she will sign to say that it has been received.

There are occasions on residential visits when children have a headache that has lasted the whole day or when they get chapped lips or skin due to the cold weather. When this happens, the party leader asks for verbal permission over the phone to administer the appropriate treatment. This year, I would like to gain written consent from parents. Therefore, please could you complete and sign the form below and return it when you return the medical form.

Thank you.

Yours sincerely

Mrs Whiteley

**Consent to Administer Medication on the Ullswater Residential Visit February 18**

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do/do not give permission for my child to be treated with Calpol Six Plus. If my child is still unwell after the first dose, I will be contacted by school.

I do/do not give permission for my child to be treated with Vaseline if they have dry lips.

I do/do not give permission for my child to be treated with Sudocrem if they have dry skin.

My child is/ is not allergic to Calpol Six Plus,

My child is/ is not allergic to Vaseline

My child is /is not allergic to Sudocrem.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_