

Numbered Place

Office Use Only

# HUMANITIES WEEK 2019

**PLEASE COMPLETE THIS FORM IN FULL**

**Student Name:**

**Form:**

**PLEASE NUMBER THE ACTIVITIES FROM 1 (1<sup>st</sup> choice) TO 5**

<b>The Lion King</b>		<b>Bushcraft</b> (residential, overnight stay)		<b>Vive la France</b> (valid passport required)	
<b>Beautiful Britain</b>		<b>Go Ape for Freejumping!</b>		<b>Graffiti Wonder</b>	
<b>Matilda</b>		<b>Yoga &amp; Mindfulness Retreat</b>		<b>Wild Life!</b>	
<b>Crafty Flower Arrangers!</b>		<b>Seaside &amp; Cinema - Bournemouth</b>		<b>Escape to the Museum</b>	
<b>Tastes of India</b>		<b>Seaside &amp; Cinema - Brighton</b>		<b>Foodie Experience</b>	
<b>Italian Café</b>		<b>Seaside &amp; Cinema - Southend</b>		<b>Teacher Allocation</b>	

## **Medical Details (please tick one box)**

My daughter does not have any medical requirements and is not currently on any medication. (Please go straight to the next section)

**OR**

My daughter does have medical requirements and/or medication she takes which I have outlined below. I will ensure that she carries any appropriate medication with her. If you have not filled in a medication form, you will need to do so (please see overleaf).

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## **Emergency Contact Details**

My emergency contact details for Wednesday 17<sup>th</sup> to Friday 19<sup>th</sup> July 2019 are:-

**CONTACT 1:** Name \_\_\_\_\_  
Number: \_\_\_\_\_

**CONTACT 2:** Name \_\_\_\_\_  
Number: \_\_\_\_\_

## **Permission**

I give permission for my daughter to go on the above trip.

I give permission for her to be treated by a medical practitioner in my absence, including the use of anaesthetics where necessary.

**Parent/carer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Swakeleys School For Girls

## Medication to be held in school consent form



Name	Form
Date of Birth	Date
<p>Checklist</p> <p>We will only accept medication packaged as follows</p> <ul style="list-style-type: none"> <li>○ Medicine In date</li> <li>○ Dosage information</li> <li>○ Instructions</li> <li>○ Pharmacy label (if prescribed)</li> <li>○ Original packaging</li> <li>○ Storage Instructions</li> </ul>	<p>Instructions for administration-state when this should be given to the pupil.</p>
Parent/Carer name	Parent Carer signature
Handed in on (date)	<p>Date that medication should be ceased.</p> <p>Please state expiry date for pain relief medication to be held in school.</p>
<p>Each time we administer any <b>pain relief</b> medication that you have provided we need to contact you. If you would prefer us to e mail you please give us your e mail address:</p> <p>e mail</p>	

- No child under 16 must be given medicine containing aspirin in school unless prescribed by a doctor.
- Maximum doses for pain relief medication must be checked and when the previous dose was taken.
- Parents must be informed when pain medication is administered.