



## DURRINGTON INFANT AND JUNIOR FEDERATED SCHOOLS

Address: Salvington Road, Worthing, West Sussex,  
BN13 2JD  
Telephone: 01903 260138 & 01903 260761  
Email: officeinfant@dfed.co.uk & officejunior@dfed.co.uk  
Website: www.durringtoninfantjunior.co.uk

Co-Headteachers: Mrs S Ensor B.Ed & Mrs Z Wilby MA  
Ed

17<sup>th</sup> January 2019

### Lodge Hill Residential Trip 2019 Year 4

March 4<sup>th</sup> – 6<sup>th</sup> 2019

March 6<sup>th</sup> – 8<sup>th</sup> 2019

Dear Parents/Carers

Following on from our meeting and letter back in November, we now have the final numbers for the trip and have been able to calculate the final cost and make all the necessary arrangements. The voluntary contribution that we are asking for is **£179.50** which includes the deposit you have already paid. If you have not already done so, payment can be made through Mrs Barratt in the school office and must be paid in full by 15<sup>th</sup> February.

Once rooms have been allocated we will let you know which half of the week they will be visiting Lodge Hill. Please be reassured that we will do our best to place children in the same room as their friends. Children will be asked to choose the children they would like to share with nearer to half term.

You should already have received the information booklet which gives you all the information about timings and activities as well as a kit list. If you have not got one of these please let us know and we will send one to you. Also attached are copies of medical forms which we need back as soon as possible, **no later than 8<sup>th</sup> February**. Should any further medical requirements become necessary we can provide additional forms nearer the time. If you have any queries, please contact your child's teacher who will be happy to help you.

Many thanks for your support.

Mrs Pearce on behalf of the Year 4 team



# Durrington Infant and Junior School



## C parental consent to administer medication – Lodge Hill 2019

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

**Medicine**

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff or school location]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date



# Durrington Infant and Junior School

## Consent to administer non-prescribed medication on a Residential Visit – Lodge Hill 2019



The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. Whilst away if your child feels unwell the school staff may wish to administer the appropriate non-prescription.

Please do not hesitate to contact the school if there are any issues you wish to discuss.

<b>Pupils Name</b>	<b>D.O.B</b>
<b>Gender</b>	<b>Year/Tutor Group</b>

If your child develops the relevant symptoms during the residential visit, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication. If symptoms persist medical advice will be sought and if necessary, the emergency services called. You will be informed when the school has administered medication on our return by phone/or personnel communication. The school will hold a small stock of the following medicines:

Paracetamol

Anti-histamine

***Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.***

\_\_\_\_\_  
Signature(s) Parent/Guardian

\_\_\_\_\_  
Date



DURRINGTON INFANT AND JUNIOR SCHOOL  
PARENTS CONSENT AND MEDICAL FORM/EMERGENCY CONTACT INFO

YEAR 4 LODGE HILL RESIDENTIAL- March 4<sup>th</sup> to 6<sup>th</sup> and 6<sup>th</sup> to 8<sup>th</sup> 2019

I wish my son/daughter.....class.....to be allowed to take part in the above-mentioned residential visit and, having read the information sheet, agree to him/her taking part in any of the activities described.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed.

I understand that, whilst the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during the duration of the visit.

*(Note: A school journey insurance policy with Zurich Municipal Insurance Limited is available through West Sussex County Council, though claims arising from a pre-existing condition are exempt).*

**Please complete or delete the following as appropriate.**

Name of Child:- .....

- Date of Birth .....
- Has the following illness or physical disability.....
- Has asthma / diabetes/ epilepsy / anaphylaxis / eczema / hayfever/travel sick
- Other (please state): .....
- Any allergies ie nuts/penicillin/plasters etc: .....

Any special dietary requirements: .....

Any medical conditions: .....

Any medications taken: .....

Date of last tetanus injection: .....

Any special Action/Requirements: .....

Dr Surgery Name & Tel:.....

Emergency Contact Name & Daytime Tel no. ....

I do/do not consent to any emergency medical treatment necessary during the course of the visit.

Signed.....Name of Parent/Carer.....Date.....

Address.....

Home Tel No.....

