

LED

24<sup>th</sup> June 2019

Dear Parent/Carer

I am writing to you with further details about the 2019 Iceland trip. I plan to hold an information evening at NSB on Thursday 19<sup>th</sup> September at 6p.m. in the Sixth Form Pod when I will run through the full itinerary and answer any questions that you or your son/daughter may have. I will also provide a kit list on that evening. However, it is essential that your son/daughter has a sturdy pair of walking boots (a pair of trainers will not suffice as the ground can be icy, wet and very uneven). May I suggest that these are purchased now so as to give plenty of time to 'wear them in'. It is important that they are comfortable, as your son/daughter will be wearing them all day. Reasonably priced walking boots can be purchased at Decathlon or Sports Direct as well as other stores.

I will go through the full itinerary at the meeting in September. However, for your information, we will be departing from NSB shortly after 7a.m. on Monday 28<sup>th</sup> October and will be returning late evening on Friday 1<sup>st</sup> November (depending on traffic).

Please find attached a medical form which I would ask you to complete and return to me in September at the information evening. Please can I also remind you that the final balance for the trip is due on 5<sup>th</sup> July.

I look forward to meeting you in September and discussing this exciting trip with you.

Yours faithfully

Mrs L Edwards  
Iceland Trip Leader

# Northampton School *for Boys*

## Medical Consent/Information Form

### GENERAL PUPIL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(NB: These details must be identical to those on the pupil's passport if overseas trip)*

Form Tutor: \_\_\_\_\_ Form: \_\_\_\_\_

Location Trip/Visit: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Overseas Trip: - Passport No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### MEDICAL INFORMATION

1. If your child has any medical/behavioural condition that may require specific management, medical treatment and/or medication during the outlined trip, please give brief details:

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2. If your child has any allergies or is allergic to any medication, please supply details:

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3. If your child has had any recent illness, accident or injury which staff should be aware of, please supply details:

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4. Date of your child's last tetanus injection: \_\_\_\_\_

5. Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

6. Practice Address: \_\_\_\_\_

7. Can Swim: More than 50 metres / 50 metres / unable to swim (please circle relevant)

### DIETARY INFORMATION

If your child has any dietary requirements, please supply details:

**Please make sure you complete and sign the reverse of this form.**

## EMERGENCY CONTACT

### Parent Contact Details

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Telephone No's

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Home Tel: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Alternative Emergency Contact should parent/guardian\* not be available:

Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact No's Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

## DECLARATION (✓ Please tick box where appropriate)

I/We\* believe all details on this form to be correct.

I/We\* agree that if my/our\* child requires urgent medical treatment during the trip and it is not possible to contact either parent/guardian\* or the alternative emergency contact, then the teacher in charge of the trip is authorised to give consent on my/our\* behalf.

I/We\* also give the Trip Leader permission to administer Paracetamol\*/Ibuprofen\* if the need arises. (Please indicate your preference).

I/We\* give permission for my/our\* child to participate on this residential trip.

Full name of Parent/Guardian\* (please print): \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date: \_\_\_\_\_

If you feel that further detail or discussion is required regarding any of the information that you have supplied, please contact the Trip Leader or Mrs O'Neill prior to the departure date.

**PLEASE NOTE: TO BE ABLE TO OFFER THE APPROPRIATE ASSISTANCE IN THE EVENT OF ANY EMERGENCY, THIS FORM MUST BE COMPLETED IN FULL WITH ALL RELEVANT MEDICAL & DIETARY INFORMATION RELATING TO THE STUDENT. (Please use a separate sheet if necessary)**

(\*Delete as appropriate)