



Westende Junior School
Re: Hooke Court Residential 18th – 20th May 2022

I give permission for _____ Class _____
to go on the above educational visit.

Emergency Telephone number for day of visit: _____

On date of visit will your child be requiring any medication? If so, please give details below:

(Please include EpiPen, Asthma Inhaler, etc)

Any other medical condition which may affect your child's performance/safety on this activity:

Family Doctor's name and telephone number for emergency purposes only:

I agree to staff on the activity giving permission for my child to have any medical treatment that the medical authorities think necessary (**including the administration of general medication; Calpol/Nurofen etc**). I undertake to inform the school of any changes in my child's fitness prior to departure. I have ensured, as far as I reasonably can, that my child understands that it is important to safety that any rules and instructions given by the staff in charge are obeyed.

Please tick method of payment

I will be paying by debit/credit card using Tucasi

OR

I enclose a cheque for the full amount of £180 including a non-returnable deposit of £20

OR

I enclose a cheque for £60 including the non-returnable deposit of £20 plus 2 post-dated cheques for £60 each

Payment: Cheques should be made payable to "Westende Junior School Fund".

Signed _____ Date _____