



**Westende Junior School**  
**Re: Bushcraft Residential 19<sup>th</sup>- 21<sup>st</sup> June 2019**

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

Emergency Telephone number for day of visit \_\_\_\_\_

During the residential, will your child be requiring any medication? If so, please give details.

---

(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 £179 including a non-returnable deposit of £59

OR

I enclose a cheque for the non-returnable deposit of £59 plus 2 post-dated cheques for £60 each

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

Signed \_\_\_\_\_ Date \_\_\_\_\_