worcestershire countycouncil

Form OS3

INFORMATION REQUIRED FROM PARENTS/GUARDIANS PRIOR TO RESIDENTIAL OFF-SITE VISITS

Please complete and return this form to Mr Kearns, Flyford Flavell Primary School, no later than **16th October 2026**

PUPIL'S NAME: ……..

SCHOOL: FLYFORD FLAVELL PRIMARY SCHOOL

SECTION A

1 Address and telephone number where parent/guardian or the person with parental responsibility can be contacted in case of emergency..

daytime	evening:
Name/Address *Tel:*	*Name/Address* *Tel:*

2. Does your child suffer from any allergies? If so, please give details:

3. If your child is taking medication, please give details of dosage, etc

4. If your child has suffered any infectious, contagious or other conditions in the last 3 months, please details.

5. Has your child received a tetanus injection in the last 5 years? **YES/NO**

6. Please give name, telephone number and address of your family doctor.

7. Does your child have any specialist dietary requirements? If so, please tick box as appropriate.

Vegetarian ☐
Diabetic ☐
Other ☐
Please specify

.....

8. Does your child suffer from travel sickness **YES/NO?**
If so, what arrangements need to be made?

9. Is your child confident in water? If so, how far and he/she swim?
Please tick appropriate box.

Cannot swim ☐ Still at beginners stage ☐
Able to swim 25 metres ☐ Able to swim longer distances ☐
A successful Bronze/Silver/Gold Life saving Award holder ☐

10. Are there any activities in which your child is unable to participate? If so, give please give details:

11. Is there anything else (medical or otherwise) you think we should know about your child (e.g. Bedwetting, homesickness, etc)?

Section B
(to be completed in addition to Section A by parents of primary aged children and by parents of pupils with special needs)

1 Has your child been away from home without you before? **YES/NO**

2 Does your child sleep with the light on? **YES/NO**

3 Please give details of any significant bedtime routine

Signed: …… Date: ……

This form should be signed and returned completed in all boxes, together with the signed consent form for the visit.

Form OS4

CONSENT FORM FOR OFF-SITE VISITS

FLYFORD FLAVELL PRIMARY SCHOOL

I agree that my son/daughter …….(name)

may take part in Manor Adventure residential activity, at Manor Adventure, Craven Arms, Shropshire from 23rd November 2026 to 25th November 2026.

I agree that medical and dental treatment may be given to my son or daughter if necessary, including the administration of a general anaesthetic and to surgical operations in the case of an emergency, in accordance with the recommendation of a qualified medical practitioner.

1 Pupils are not insured by the County Council against personal accidents. Personal Accidents Insurance can be arranged for pupils taking part in off-site visits and staff can give advice about a policy specifically designed for such parties. The policy covers personal accident, loss of personal possessions, medical expenses and the cost to parents of visiting their children if they are detained in hospital away from home.

2 The County Council accepts no responsibility for accidents or injury to pupils or for loss of or damage to personal effects, unless caused by the negligence of the County Council or any member of its staff.

3 Parents/guardians must provide staff with telephone numbers (day and night) at which they can be contacted in case of emergency, in particular should urgent medical treatment by necessary.

I have received full information and agree to my child's participation in all outlined activities.

Signed: …… Date: ……
(Parent/Guardian)

Address: ……

……

……

……

Telephone Numbers: Home: ……..

Work: ……

Other: ……..

N.B. For residential visits this form should be returned together with Form OS3:
"Information Required From Parents/Guardians Prior to Residential Off-Site Visits".