



# Holywell Primary School

Tolpits Lane, Watford, Herts, WD18 6LL  
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Headteacher: Mr Coert van Straaten MA. Ed, Dip Edu, NPQH  
*we are a learning community with the spirit to succeed*

## Year 5 Residential – Spain

### Medical Information

Monday 3<sup>rd</sup> June 2019 – Friday 7<sup>th</sup> June 2019

Please complete all the information below and return to Mrs Keshiro Thursday 23<sup>rd</sup> May 2019

**Child's Full Name:-**.....

**Address:-**.....

.....

**Parent/Carer(s) Name(s):**

Contact 1. .... Contact Number: .....

Contact 2. .... Contact Number: .....

**Please Note: The Contact Telephone Number given above must be correct at the time of visit and in case of emergencies we will ring this number.**

**GP's Name:** .....

**GP's Address:** .....

..... **GP Telephone Number:**.....

**Please give details of any medical conditions/needs your child has:**

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**Does your child take any regular medication?**

**Yes / No\***

(If yes, please specify below the medication and dosage required. We will arrange a further small meeting to discuss in full your child's needs with the staff accompanying the children on the trip and ask you to complete an administering medication authorisation form).

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**I confirm that I give permission for Holywell staff to administer paracetamol to my child (We will be taking a paracetamol solution (Calpol SixPlus) to give to the children should this be required, for example, if they have a headache).**

**Yes / No\***

Signed: ..... (Parent/Carer) Date: .....

\* Please circle as appropriate

**Year 5 Residential – Spain**  
**Dietary Information**

Monday 3<sup>rd</sup> June 2019 – Friday 7<sup>th</sup> June 2019

Childs's name: .....

**Please note below any specific dietary requests (allergies, religious request):**

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Signed: ..... (Parent/Carer) Date: .....

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**Year 5 Residential 2019 - Spain Image Consent**

During the trip Holywell staff will be taking photos of the children whilst they take part in various activities. These images will be used in class and may also feature on the school website or a trip blog. Please confirm below that you give permission for the staff to take photos of your child whilst on the school trip.

I do / do not \* give permission for photographs to be taken of my child whilst on the school residential trip to Spain.

Signed: ..... (Parent/Carer) Date: .....

\*Please circle as appropriate

Year 5 Residential – Spain  
Swimming

In the lodging where we are staying in Spain, La Canada Verde, Hornachuelos there is a swimming pool. Please indicate below if you are happy for your child to use the swimming pool and their swimming ability.

I (parent's name) ..... give permission/do not give permission for my child ..... (child's name) to swim in the swimming pool of the La Canada Verde.

I confirm my child's swimming ability is (please tick as appropriate)

Non swimmer

Beginner

Confident swimmer

There will be a Lifeguard at the swimming pool.

***If you have given permission for your child to swim please remember to include their swimming costume and swimming towel***