

## SUTTON GRAMMAR SCHOOL FOR BOYS – MENDIPS CAVING TRIP NOVEMBER 25-27

Please complete both sides thoroughly. Any questions, please see Mr Hewitt, email [jb@outspark.org.uk](mailto:jb@outspark.org.uk), or ring 07843 555355.

DECLARATION BY PARENT/GUARDIAN OF:

FORM:

**I enclose payment of £109 (cheques payable to Sutton Grammar School)**

**I understand that this trip is only open to those who have already tried and enjoyed caving and is not a suitable first experience of caving for those who might discover they get claustrophobic etc.**

**My boy has enjoyed caving on:**

**The Outdoor Challenge in July 2011**

**Other (please give details)**

I understand that alterations to the arrangements may be necessary. Whilst the staff in charge of the visit will take all reasonable care of the pupils, I understand and have explained to my child that he will be required to obey the instructions and advice of the leaders in charge and other accompanying adults and will be subject to the school's general code of behaviour.

I understand that neither the school nor the governing body can be held responsible for any loss or damage to property suffered by my child during or arising out of the visit other than that due to negligence of the governing body or any of its employees. I agree to pay for any damage that may be caused by the misconduct or carelessness of my child to the person or property of any other party or parties. I will indemnify the Leader of the visit in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

I have received a copy of "School Journey Insurance-Guidance Notes for the Parents/Guardians" setting out the brief details of the insurance cover provided by the governing body and understand that I may take additional cover by making my own arrangements.

During these activities, the school will carry out fully its in loco parentis responsibility. This means that in the event of an accident, the team leader may have to take medical decisions on behalf of the parent.

**Declaration: I have checked/filled out the emergency contact details below and they are correct, and have completed the information about any dietary needs or medical conditions on the back of this form.** I agree to my child taking part in all the activities, including swimming under supervision if the programme permits, and that the leaders may take decisions on my/our behalf about medical situations in the case of an accident, should they not be able to contact a parent first. My child is in good health and I consider him fit to go on the visit.

Signed

Name:

Contact email address(es)

Address:

Mobile for text message alerts:

Other contact numbers:

**MEDICAL INFORMATION/DIETARY REQUIREMENTS**

**Have you in the last 5 years had:**

- Asthma YES/NO
- Shortness of breath YES/NO
- Convulsions YES/NO
- Diabetes Mellitus YES/NO
- Epilepsy, fits or blackouts YES/NO
- Nervous or mental problems YES/NO
- Back problems YES/NO
- High Blood Pressure YES/NO
- Heart Problems YES/NO

WE CANNOT PROCESS YOUR FORM UNTIL ALL THESE QUESTIONS ARE ANSWERED. PLEASE INCLUDE A CONDITION SUCH AS ASTHMA OR DIABETES EVEN IF IT CAUSES YOU NO PROBLEMS.

If you have answered YES to any question in this box, or have any other information about your he

**Are you allergic to any of the following?**

- Aspirin YES/NO
- Penicillin YES/NO
- Plaster/ elastoplast etc YES/NO
- Any Immunizations / other drugs YES/NO
- Food (especially peanuts) YES/NO
- Anything else YES/NO

**Have you ever been admitted to hospital or suffered any major accident or illness?** YES/NO

**Do you take any medicines regularly?** YES/NO

**Does your diet require you to avoid:**

- beef?** YES/NO
- pork?** YES/NO
- all meat?** YES/NO
- fish?** YES/NO
- other (give details)?** YES/NO

Empty rectangular box for additional information.