

Head Teacher: Miss M Hilton

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CONWAY RESIDENTIAL

Dear Parents / Carers,

Please can you complete and return the following details.

Child's full name:

Child's full address:

Postcode:

Date of Birth:

Emergency Contacts: (Name & Number)

1.
2.
3.

Medical Details:

Doctor's Name:

Address:

Post Code:

Telephone Number:

Is your child allergic to any medication:

Does your child have any conditions requiring medical treatment, including medication? YES / NO

If YES, please give brief details:

Does your child have asthma? YES / NO

If YES, please give brief details of inhalers, frequency of dose, how many puffs etc:

****Your child will need to carry their inhaler with them at all times while at the Conway Centre****

... P.T.O.



Did your child have their childhood tetanus injections? YES / NO

Generally given at 2months, 3months, 4months and pre-school (3years 4months or just after)

If NO, has your child ever had a tetanus injection? YES / NO

Are you happy for us to give your child paracetamol / ibuprofen / piriton if needed? YES / NO

Please outline any special dietary requirements your child has:

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While we are away we hope to upload some photographs to Twitter and the school website YES / NO
so you can see how the children are doing. Please confirm you are happy for your child to be included.

Declaration

I agree to my child taking part in the visit to the Canolfan Conway Centre, Anglesey from Wednesday 31st January 2024 at 9:00am to Friday 2nd February 2024 at 3:30pm and understand payment must be made in full by 24th January 2024. I agree to my child's participation in the activities described. I acknowledge the need for my child to behave responsibly. **I will ensure my child does not take a mobile phone with them.**

Signed: **Date:**

Full Name (capitals):

PLEASE RETURN COMPLETED FORM TO SCHOOL BY THURSDAY 30TH NOVEMBER