

Hanley Castle High School

and Sixth Form Centre

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Headteacher: Mrs Lindsey Cooke



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

Pupil's Name : Tutor Group:

May take part in: **High Adventure Experience 2018**

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

(a) daytime

Name/ Address:

Telephone:

(b) evening

Name / Address:

Telephone:

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 condition in the last 3 months - *if yes please give 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 family doctor:

7. Does your child have any specialist dietary requirements? *If so, please tick 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 can he/she swim? *Please tick the appropriate box*
 Cannot swim Still at the beginner stage Able to swim 25 metres
 Able to swim longer distances (greater than 25m) with ease
 A successful Bronze / Silver / Gold Life Saving Award holder
 Feel confident to swim in lake or river (with buoyancy aid) YES/NO

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

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

ADDITIONAL INFORMATION REQUIRED:

Height in cm or feet/inches	
Shoe size (UK)	
Weight (kg)	

MOUNTAIN BIKING ABILITY *(please tick one)*

- Feel a little nervous about downhill mountain biking but I am willing to give it a go
- Can ride a bike confidently on uneven downhill forest tracks
- Have taken part in fast downhill mountain biking more than twice

SKI ABILITY *(please tick one)*

- Beginner
- Skied 4+ times on dry slopes or snow
- Skied equivalent of 2 weeks on snow or dry slopes

Signed : Date:

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