



THE PEGASUS ACADEMY TRUST



WHITEHORSE MANOR
INFANT SCHOOL



ECCLESBOURNE
PRIMARY SCHOOL



WHITEHORSE MANOR
JUNIOR SCHOOL



BEULAH INFANT &
NURSERY SCHOOL



CYPRESS
PRIMARY SCHOOL



ATWOOD PRIMARY
SCHOOL

Executive Principals:

Mr M J Roberts & Ms L D Sampson

Headteacher: Mr R Veale

CHILD INFORMATION FORM – STUBBERS SEPTEMBER 2023

Please complete both sides of this form and bring it to the parent meeting on Wednesday 12th July or return it to the school office by Friday 14th July at the latest.

Child's Name: _____ Date of Birth: _____

Home Address: _____

Phone number (Daytime): _____

Phone number (Evening): _____

Other contact numbers, in case of emergency (please give name, relationship to child):

Does your child suffer from any medical conditions? If yes, please provide details.

(The separate medical form should be completed and handed in with any medication on the day of departure.)

Does your son/daughter use an inhaler? Yes/No

Does your son/daughter suffer from any allergies? Yes/No

If so, please provide details:

Date of last tetanus vaccination/booster: _____

If required, do you consent to your son/daughter receiving the following:

Calpol/Paracetamol Yes/No

Nurofen/Ibuprofen Yes/No

Do you consent to your son/daughter sleeping in the top bunk Yes/No

Any other information you wish us to know about (bed wetting etc)

I confirm that the **swimming** ability of my son/daughter is:

- Unable to swim
 - Can swim but not confident
 - Confident swimmer able to swim a minimum of 25m
- (tick as applicable)

Does your son/daughter have any special dietary requirements? Eg, vegetarian, allergic/intolerance to certain foods.

Please give details:

(Please note that all chicken served at Stubbers is halal. You may opt for your child to eat a vegetarian option if you prefer)

- I agree to my child taking part in the school visit to Stubbers Adventure Centre.
- I acknowledge the need for obedience and responsible behaviour on his/her part.
- I agree to my child receiving medication as instructed by me.
- I agree to my child receiving such medical, surgical or dental treatment, including operations under general anaesthetic, as may be recommended by a registered medical or dental practitioner. I hereby authorise the teacher leading the visit, or any representative of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.
- I understand that my child is responsible for the safe custody of his/her belongings and effects and that staff cannot be held responsible for them.

Signed: _____ Date: _____

ATWOOD PRIMARY SCHOOL

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