



Kensington Community Primary School

Brae Street
Liverpool L7 2QG
Head Teacher Kitty Davies

Telephone 0151 263 6429 schooladmin@kensingtonprimary.co.uk

Medication Form

London Residential
11th June – 13th June 2025

Please fill out the table below with the details of any medication your child takes. Please include the full name of medication, the dosage and how often they are to take it.

Child's Name:

Medication	Dosage	When and how often its to be taken

Signed

Date

Parent/Guardian

KENSINGTON COMMUNITY PRIMARY SCHOOL

Parental Consent for London Residential

11th June – 13th June 2024

Childs Full Name: **Childs D.O.B:**/...../.....

Parent / Carer contact telephone numbers & address:

Name: _____ Relationship: _____

Address: _____

Mobile: _____ Home: _____

Alternative Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Tel: _____

1. Medical Information About Your Child:

a. Any conditions requiring medical treatment, including medication?
YES/NO
IF YES, please fill out the separate sheet including dosage and how often
the children are to take it. Please include travel-sickness.

b. Any special dietary requirements? Halal / vegetarian or other YES/NO
IF YES, please specify:

c. Is your child allergic to any medication? YES/NO
IF YES, please specify:

d. Has your child had a tetanus injection in the last 5 years? YES/NO
IF YES, please specify date:

e. Does your child suffer from enuresis (bed-wetting)? Please circle:
a. occasionally b. frequently c. never

If you answer yes to any of the above please make sure any medication and instructions for administration are given to staff **before we leave**.

I Agree To My Child Receiving the Following Medication **If Necessary** please tick:

	YES	NO
A. Liquid Paracetamol	<input type="checkbox"/>	<input type="checkbox"/>
B. Simple Cough Linctus	<input type="checkbox"/>	<input type="checkbox"/>
C. Antiseptic Cream	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypo-Allergenic Plasters	<input type="checkbox"/>	<input type="checkbox"/>
E. Sun cream	<input type="checkbox"/>	<input type="checkbox"/>
F. Nurofen	<input type="checkbox"/>	<input type="checkbox"/>
G. Travel-sickness tablets – (please provide if needed)	<input type="checkbox"/>	<input type="checkbox"/>
H. Asthma Inhalers – (please provide if needed)	<input type="checkbox"/>	<input type="checkbox"/>

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES/NO

If yes, please give details:

I will inform the Head teacher as soon as possible of any changes in my child's medical or other circumstances between now and the start of the holiday.

2. Consent

I agree to my child receiving medication **as instructed** and any **emergency** dental medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the **medical authorities** present.

I have received a copy of the insurance details and I understand the extent and limitations of the cover provided.

I have read and completed the form above and have given the **correct contact numbers** and information

I agree to _____ taking part in this visit and have read the information sheets.

I agree to _____ participating in the activities described.

I acknowledge the need for _____ to behave responsibly.

Parent/ Carer Full Name: _____

Parent/ Carer signature: _____ Date: _____



Kensington Community Primary School

Brae Street
Liverpool L7 2QG
Head Teacher Kitty Davies

Telephone 0151 263 6429

schooladmin@kensingtonprimary.co.uk

The trip to London is fast approaching! The following list is meant as a guide and we would ask you, to use your own judgement as to what your child will need to take with them.

PERSONAL BELONGINGS – All Articles must be clearly marked with your child's name.

- 1. Wash bag with toothpaste and brush, soap, shampoo and conditioner, hair brush, hair bobbles/clips, flannel and towel**
- 2. At least 3 pairs of underwear and socks**
- 3. Pyjamas or nightdress**
- 4. 2 pairs of sensible shoes or trainers for walking**
- 5. Waterproof coat or anorak**
- 6. Jumpers or hoodies**
- 7. Enough T shirts, shorts, jeans, jogging bottoms to last the weekend**
- 8. Sun cream (factor 50)**

The children will be given a sun hat and rucksack by school.

REMEMBER WE ARE ONLY GOING FOR 3 DAYS!!

In addition, your child may bring other items such as a few comics/magazines, books and a disposable/digital camera with no internet access.

ALL PACKED IN A SMALL SUITCASE OR HOLDALL

NO JEWELLERY, SWEETS, MOBILE PHONES OR FOOD

Any medication should be placed in a named bag and handed directly to the staff on arrival at school along with the consent form. Your child may bring a maximum of £25 pocket money. Please put this in a sealed, named envelope and hand it directly to a member of staff on arrival.

Please bring a packed lunch on Wednesday 11th June.



Kensington Community Primary School

Brae Street

Liverpool L7 2QG

Head Teacher

Kitty Davies

Telephone 0151 263 6429

schooladmin@kensingtonprimary.co.uk

CODE OF CONDUCT

- ✓ Listen to adults at all times
- ✓ Follow instructions first time of asking
- ✓ Follow the rules of the site, including health and safety rules
- ✓ Show respect to everybody on the trip
- ✓ Respect your own and other people's property and your environment
- ✓ When lights are out, quiet in rooms

Consequences

- ❖ lose proportion of tuck

- ❖ lose free time

- ❖ miss treat (or part of)

- ❖ if serious incident brought back to school

I have read this code of conduct and agree to follow it during the residential:

Signed..... Class Date

Child

Signed Date

Parent/Guardian

PLEASE SIGN AND RETURN TO SCHOOL