



Whitstable & Seasalter Endowed Church of England (Aided) Junior School

Please return to school by Friday 22nd May 2026

DIETARY/MEDICAL/TRAVEL REQUIREMENTS FOR SCHOOL TRIP TO PGL 2026

Full name of child: Date of Birth.....

Full address:..... Post Code.....

Contact name (parent/carer):

Home tel. no..... Work tel. no..... Mobile no.....

Doctors Name & Address:

Telephone No:

Does your child need to take any daily medication? YES / NO **If yes, please send it to the school office by Monday 1st June at the latest.**

If yes please specify what it is and when it should be administered.....

When was your child's last tetanus injection? Does your child suffer from any allergies? Yes / No

If yes do they need to carry any medication with them, and if so, what? (epipen, inhalers etc). Please use separate sheet if necessary:

In the case of any emergencies are there any medicines your child is allergic to, or which you do not wish to be given?

Does your child have any dietary needs other than likes and dislikes? If so what are they? i.e. Vegetarian, no nuts, no dairy etc. Please use separate sheet if necessary:

Is there any information you feel we should be aware of? (ALL information is confidential) Please use separate sheet if necessary:

Water Confident (can your child swim 25m)? YES / NO

Travel Arrangements	Name of Person	Contact phone no if different from the above
My child will travel to Grosvenor Hall on Monday 8 th June to arrive at 10.40am with:		
My child will be collected from Grosvenor Hall on Wednesday 10 th June at 2.00pm by:		

I give permission for this information to be shared with PGL/Grosvenor Hall for the purpose of this trip only.

In the event of any medical emergency I agree to the person in charge giving permission on my behalf for any emergency treatment or anaesthetic to be administered.

Signed (Parent/Carer)

Full name (please print)..... Dated

