



St Andrew's Church of England Primary School
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Head Teacher: Mrs L Berkeley, M.A.

Year 6 Visit to Overstrand Hall, Norfolk - 21-23 June 2019

(PLEASE RETURN BY VERY LATEST FRIDAY 14TH JUNE 2019)

Name of Child _____ Date of Birth _____

Address _____

Postcode _____

Child's Doctor's Details:

Doctor _____

Surgery Address _____

Postcode _____

24hour Emergency Contact Details:

Contact Name(s) _____

Contact Telephone Number(s) 1) _____ 2) _____

ALL Medication Requirements (inc for travel sickness) :

If assistance administering the medication is required, signing below will provide us with the necessary authorisation.

Medication must be labelled and handed to Mrs Horner on the day of departure.

My child will/will not* require medication to be administered during the weekend visit.

*Delete as appropriate please

Details (inc. dosage & frequency please) _____

Any other important information
we should know please _____
(e.g. food/ medication allergies, sleeping/night-time issues) *(continue over if required)*

Signed _____ Date _____ Relationship to child _____

St. Andrew's CofE Primary School is committed to complying with The General Data Protection Regulation (GDPR) and treats your data in accordance with our privacy notice.
(www.st-andrewscofe.essex.sch.uk/gdprnotices.html)

