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PARENTS – TEAR OFF & KEEP PAGES 1 & 2 FOR INFORMATION. SIGN AND RETURN PAGES 3 & 4 .

1. **Details of visit:**

Name of school/ organisation: Pudsey Waterloo

Venue/ Location Robinwood Activity Centre Dobroyd Castle

Date & Times Wednesday 1st October - Friday 3rd October

Accommodation / centre (if used):

Name Robinwood Activity Centre Dobroyd Castle

Address Pexwood Lane, Todmorden OL14 7JY

Tel. No 01706 814554

Named contact / Head of Centre

Cath Wood

2. **Place(s) to be visited**

Robinwood Activity Centre
Dobroyd Castle
Pexwood Lane
Todmorden
OL14 7JY

3. **Visit & Deputy Leader**

Name of Leader	Sarah Whitaker
Name(s) of deputy	Nicola Walker

4. **Names & designation of other adults accompanying the party**

Name	Designation

5. **Size and composition of the group**

Number of Girls	30	Number of Boys	30	Total number of pupils	60
Age Range	10-11	Age range	10-11	Total number of staff	6

6. **Adult : Pupil Ratio** 1:10 (1x 1:1)

7. **Name of organising company/agency (if relevant)**

Parental Consent Form

8. Transport/travelling arrangements

Travel by coach – Fourways.
Walk from car park in Todmorden to the castle.

9. Financial arrangements

Final invoice to be paid prior to departure.

10. Brief details of programme of activities –a separate itinerary may be attached

Wednesday 1st October 2025

9.20am – Leave Pudsey Waterloo

11am – Arrive at the car park in Todmorden. Walk up to the castle.

12pm – Arrive at castle.

Friday 3rd October 2025

1pm – Leave castle to walk to the carpark

2pm – Coach leaves Todmorden

4pm – Arrive back at school

11. Brief details of adventurous/ hazardous activities and associated specific requirements/qualifications.

Activity	Special requirements
The centre provides a variety of adventurous activities but all relevant requirements and qualifications are held by centre staff.	

12. Brief details of any activities not listed above that are water based / involve water.

13 Name and contact telephone number of school contact person

Sarah Whitaker – 07562251742 – This is the school mobile number and will be available from departure until we arrive back at school.

14. Contact for viewing risk assessments.

Sarah Whitaker

Parental Consent Form

PARENTS – SIGN AND RETURN PAGES 3 & 4. KEEP PAGES 1 & 2 FOR INFORMATION. Please note if this form is not signed the pupils will not be permitted to go on the visit.

Childs Name _____ D.O.B _____

Name of school: Pudsey Waterloo

Venue/ Location Robinwood Activity Centre – Dobroyd Castle

Date Wednesday 1st October 2025 - Friday 3rd October 2025

(a) Does your son / daughter suffer from any conditions requiring medical treatment? YES/NO*

If YES, please give brief details and describe the medication, the dosage and frequency required. If the schools policy is to administer medication then by signing this form you are giving your consent for staff to administer any agreed medication.

b) If your child has been diagnosed with asthma please take any prescribed inhalers on the school trip. Please sign below to confirm your agreement that we may use a school salbutamol inhaler if the pupil's prescribed inhaler is not available, broken, or empty.

I agree to the school using a salbutamol inhaler.....

c) Has your son / daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or may become contagious or infectious? YES/NO*

If YES please give brief details:

(d) Is your son / daughter allergic to any medication or suffers from any allergies? YES/NO*

If YES please specify

(e) Has your son / daughter received a tetanus injection within the last five years? YES/NO*

(f) Please outline any special dietary requirements of your child.

16. Information relating to specific activities.

(a) For adventurous / hazardous activities detailed in item 11, does your child suffer from any medical condition that may affect their ability to undertake the activities? YES/NO*

If YES please provide brief details

(b) For overnight visits only. Does your child have any specific needs or conditions that affect overnight stays e.g sleepwalking, bed wetting, frequent nightmares, trouble sleeping. YES/NO*

If YES please provide brief details.

17. Declaration

The School or its agents will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the School's negligence. I understand that the decision to provide emergency medical treatment rests with the medical authority. I will provide information below to assist a medical practitioner in their decision to give emergency treatment.

*The school can share my information with emergency services and other specialist parties if required and as needed for the purposes of health, safety and wellbeing. * see below*

Parental Consent Form

Emergency contacts and home address (two required)

Name	Relationship to child -	
Address		
Telephone – Home:	Work:	Mobile:

If not available at the above please contact:

Name	Relationship to child -	Partner to above / Friend / Neighbour
Address		
Telephone – Home:	Work:	Mobile:

Name, address and telephone number of family doctor

Name	
Address	
Telephone	

Information to provide a medical practitioner prior to giving emergency medical treatment

Child's National Health Number
Child's EHC Number (If visiting EU):

I agree to my son / daughter taking part in the visit outlined above and, having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. I undertake to inform the Visit Leader as soon as possible of any change in the medical circumstances outlined above between the date signed and the commencement of the visit.

<p>***Under the terms of the Data Protection Act 2018 we must inform you of the following. By signing this form you are giving your explicit consent to the <i>School</i> to process your data. The processing involved will be for the purpose of monitoring Health and Safety in accordance with relevant legislation. This may involve the sharing of the information you provide with local regulatory bodies. I consent to the School processing the information detailed in this form. I understand that this will be used by the school in pursuance of its business purposes and my consent is conditional upon the School complying with their obligations under the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2018**</p>

Signed _____

Print Name _____ Date _____