

To: Mrs L Goodman, Data Administrator, GTS, Calvesford Road, Torrington, Devon EX38 7DJ

Great Torrington School Transition Week Monday 24th June – Friday 28th June 2019

- I can confirm that (Full Name).....will take part in the Transition Camp & GTS School based Transition (24th -28th June)

Or

- I can confirm that (Name).....will take **not take** part in Transition Camp but will attend GTS School Based Transition for the whole week (24th June – Friday 28th June).

Please complete the boxes:

My child is entitled to Free School Meals. Please provide my child with a packed lunch on the first day of camp and in school.	Yes / No
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Medical Details: Please provide information about your child’s health which may need special attention, but does not prevent them from taking part should be noted. For example; any allergies, any medication needs and the dosage, travel sickness, diabetes, asthma or epilepsy? Please use the reverse of this page if more room is required.

Swimming ability: * Please delete as appropriate

My child is able to swim 50 meters?	*Yes / No
My child is water confident for the proposed activity?	*Yes / No

***Please delete as appropriate**

- I authorise the staff to act on my behalf should any emergency treatment be required by my child during the course of the trip.
- I understand that the GTS Academy Trust will not be liable to him/her for any loss, injury or damage suffered, other than such as may be caused by the negligence of the GTS Academy or their employees.
- I understand that GTS Academy Trust do not accept any liability for personal belongings.
- I confirm that I have kept the School updated with all medical information. If any circumstances change between now and the trip I will write to the **Medical Officer**.
- I give authorisation for photographs of my son/daughter whilst on this trip and agree to images being used for promotional materials both within and outside the school including third party agencies that are working with the school. Please be aware that names and images may appear together.
- I understand that in the event of cancellation of the trip due to unforeseen circumstances e.g. terrorist activity, bad weather etc., **THAT FUNDS MAY NOT BE AUTOMATICALLY REIMBURSED. As a result all payments are at my own risk.**

Pupil Name Primary School

Signed (Parent/Carer) Name (Please print) Date.....

Emergency Contact Details:

Contact 1

Name..... Mobile Home Work

Contact 2

Name..... Mobile Home Work