

Hilltop 2025



Main aim of today:

- * To talk you through the medical forms. (Sorry for this, we can't take your child away without them!)

Secondary aims of today:

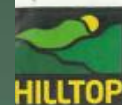
- * To discuss the group's activities
- * To discuss what we'll eat
- * To discuss what **my child and I** need to pack
- * To give time for any further questions

Hilltop's FORM F

THANK YOU for completing the categories on the form and/or circling all the appropriate pieces of information.

If you do not know your child's NHS number, or when your child had their last Tetanus jab, you can obtain this information from your GP.

YOUR GP WILL NOT GIVE INFORMATION DIRECTLY TO THE SCHOOL



HILLTOP PARENTAL CONSENT & PERSONAL INFORMATION



(Treated as Confidential Once Completed)

Please complete each section of this form in full and return it to your Group Leader

Group Name: _____ Date of Visit: _____

Child's Personal Details

Child's Name: _____ Gender: _____ Date of Birth: _____

Doctors Name, Address & Phone number: _____

National Health Number: _____ Date of last Tetanus vaccination: _____

Name & Address of person to contact in an **emergency**: _____

Telephone Number of person to contact in an **emergency**: _____

Name, Address & Phone Number of Parent/Guardian (if different to above) _____

Dietary requirements please tick relevant boxes below (*Halal and Pescatarian diets will be catered as vegetarian*)

Vegetarian Vegan Dairy Free Lactose Free Diabetic Coeliac

Other please specify below: _____

Does your child have a Food Allergy or Intolerance: NO YES IF YES, you **MUST** complete a **Special Diet Request Form G** and return this with a copy of any relevant Care plan for your child.

Medical Information

Existing ailments can be exacerbated or increase the risk of further injury, some minor physical exertion will result in participating in the course. Please provide specific relevant health or medical information.

Please tick if your child has or is currently suffers from any of the following:

Allergies Asthma Back/Neck Problems Diabetes Epilepsy Heart Problems

Joint Problems Raised/Low Blood Pressure Bone weakening condition Other

Please give more detail if you have ticked any of the above _____

Does your child take medication? Yes / No If YES please state condition _____

Dosage Required: _____

Has a medical doctor advised your child to limit or restrict their physical activity in any way? Yes / No

Are you aware of any other condition that limits your child's ability to take part? Yes / No

If you have answered YES to any of the questions above, please explain _____

In signing this form, you:

1. Agree for information detailed within this form to be shared with Hilltop and third-party sub-contractors Hilltop engage for the purposes of providing the service.
2. Give your consent as the Parent or Guardian for this child to attend the course and to be given first aid and medical assistance as necessary.
3. Ensure the child attending (named above) understands it is not compulsory to attempt the activities.

Hilltop has public liability insurance of £10 million. This does not cover you for loss or damage to personal property or personal injury. Hilltop pays particular attention to safety but as with all outdoors activities there is a small inherent risk of minor injury. We advise you to confirm with the leader of your group that they have organised adequate insurance cover for this type of event including cancellation and curtailment cover.

Signed by Parent/Guardian: _____ Date: _____

Print name Parent/Guardian: _____

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Medical (Form C) and Dietary forms (Form D) before sending to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.

Page 1 of the medical forms

This is the form where you can add anything that we, as the adults taking them away, may need to know.

We want this to be a successful trip for all the children!

Extra Information Form

Child's Name _____ Date of birth _____

Has your child had, or still experiencing, any of the following?

Recent bed wetting	YES / NO	Sleep-walking	YES / NO
Problems sleeping in top bunk	YES / NO	Difficulties sleeping without a light	YES / NO

Please provide details if the answer was YES to any of the above questions:

Page 2 of the medical forms

Please sign this form.
This is to say that you give permission for your child to have Calpol given to them, if they become unwell with a headache or a temperature etc.

We will be taking a bottle of Calpol with us, so no need to supply one with your child.

If your child CANNOT take this type of pain relief for any reason, YOU will need to provide an alternative; and complete an additional form for this.

Name of child	
Date of birth	
Class	Hérons – Year 6; Hilltop residential
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	Calpol Six Plus
Expiry date	04/2027
Dosage and method	10ml via oral suspension
Timing	As required, up to 4 times per day
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	NO
Procedures to take in an emergency	
NB: Medicines must be in the original container as dispensed by the pharmacy	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
If your child requires the non-prescription medicine for ongoing use they present themselves as unwell then you will be contacted for verbal consent prior to the medicine being given. This verbal consent will be recorded on a duplicate illness/accident pad along with the dose given and sent home with the child.	
Signature(s):	Date:

Page 3 of the medical forms

You are supplied with one on these forms, BUT every different medication your child takes, needs to be on separate forms, for example:

3 medications taken = 3 forms need to be filled out.

There are more forms are at the front of the room. 😊

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Date of birth	
Class	
Medical condition or illness	
Medicine	
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Expiry date	
Dosage and method	
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What activities are we going to be doing while we are there?

- Tree Top Trail
- Archery
- Team tasks
- Big Zipper
- Assault course
- Rock-pooling and Coastal Erosion study
- Evening woodland games
- Dark walk with a camp fire

What will my child eat?

Lunch (all with salad options)

Any of: Wraps/sandwiches, pizza, jacket potato, sausage roll

Biscuits/cake

Drinks

Squash: available at meal times

Water: available at all times

Breakfast:

Selection of cereals

Toast

Fruit

Cooked breakfast items

Evening meal

#1 Sausage, mash and gravy + veg

Chocolate sponge pudding + custard

#2 Chicken burger, chips + salad

Meringue nest, fruit and ice cream

Residential kit list - 19th-21st March 2025

Please read the full kit list (below), detailing everything that should – and shouldn't – be brought by your child to Hilltop.

*** A packed lunch for Wednesday lunchtime – all other meals and snacks will be provided.**

Indoor

- * Sleeping bag OR duvet (pillows are supplied, however duvet and pillow covers are NOT)
- * Wash bag, containing: toothbrush, toothpaste, shower gel/soap and shampoo
- * Towel
- * Socks and pants (enough for every day, plus spares!)
- * Pyjamas
- * Slippers or indoor shoes
- * A teddy or similar, if you wish
- * A book or card game, if you wish



Outside

Please do not go out and buy expensive clothes, we will be getting wet and muddy during some of the activities.

- * 4 sets of warm clothes (we're including 'spares' here!)
- * 4 warm trousers - tracksuit or leggings (no jeans please, these are hard to dry)
- * 4 t-shirts or long sleeve shirts
- * 4 jumpers
- * Warm coat – ideally waterproof please; 'puffy' coats tend to be very absorbent!
- * 1-2 pairs of outdoor shoes (trainers, hiking boots or similar)
- * Woolly hat
- * Gloves
- * Scarf
- * A couple of plastic bags/bin liners for wet or muddy clothes

What should my child and I pack?

Other

- * Torch (handheld or head torch)
- * Your child can bring up to £5 of spending money (no more) for the souvenir shop. This should be in a named purse or wallet, which needs to be handed in on the day of the trip.
- * A water bottle

-
- **Please DO NOT pack any handheld electronic items (phones, Switches etc.). Where staff are made aware of these, they will be removed from your child, stored securely and returned to YOU at the end of the week. Staff cannot be held liable for any loss or damage caused to hidden items which contravene this warning but which are still brought away on residential.**
 - **Please DO NOT allow your child to bring any Smart Watches that can: take photos / videos, make calls or connect to the internet. This is for the safety of all participants.**
 - **Please DO NOT pack any additional snacks into your child's luggage (including sweets) – we have to carefully control allergens for all on site; this is also a factor in helping to keep rooms clean and free of pests...**
 - Please clearly name (label) all of your child's belongings – remember, they will be in a shared room with other children.
 - Please pack all belongings in a suitcase or carry-all that your child **MUST** be able to carry.
 - **Please do not pack any medication in your child's bag (including travel sickness pills, inhalers etc.), you will need hand ALL medication in to Mr Emmens/Miss MacTavish on the morning of departure.**

Thank you for coming.

Any questions? 😊