

**Parent/Carer information for ESFA Under-16 Elite Schools' Cup Semi-Final trip  
Thursday 7 February – Friday 8 February 2019**

**Departure time from Carre's:** 2pm from Carre's on Thursday 7 February. We are likely to be travelling on the Lincoln City First Team Coach.

**Return time to Carre's:** This is difficult to predict and depends upon traffic conditions and whether or not extra-time is required. It is likely to be 8pm on Friday 8 February. The boys will be asked to contact you to give notice of our arrival.

We have agreed a drop-off with Sleafordian at Winthorpe Service Station (Lincoln Road, Winthorpe, Newark NG24 2NY) if this is a preferred pick-up point. This drop-off is likely to be 7.30pm. The boys will be asked to contact you to give notice of our arrival.

We will not be able to leave students unattended at Winthorpe or Carre's so please arrive in plenty of time for our return.

Students may also choose to return home with parents who have watched the match.

**Overnight stay at:**

Premier Inn Carlisle (M6 J42 hotel)  
Carleton, Carlisle, Cumbria CA4 0AD

On Friday morning we will have breakfast at 9.30am and then put on a leisurely activity for the boys.

**Evening meal on Tuesday at:**

Either a service station or a choice of venue in Carlisle, depending on our time of arrival.

**Fixture to be played at:**

Sheepmount Athletics Stadium  
Mayor's Dr, Carlisle CA3 8XL

**Staff contact:** James Offer - 07526059913

**First Aider:** James Offer

**Clothing requirements**

Casual for Thursday evening

School uniform for Friday

The usual football kit and equipment. The game is scheduled to be on grass; however, if the pitch is too wet then the game may be switched at late notice to 3G.

**Spending money:**

The coach and breakfast is paid for. The only other money required is for dinner on the Thursday night and any other food and drink that your son wishes to buy. I would advise that the boys take a few non-perishable snacks instead of paying service-station prices.

Robert Carre Trust – Student Health and Emergency Contact Form Appendix 13

Planned Activity: ESFA Under 16 Elite Schools’ Cup Semi-Final trip

Date(s) of Visit: Thursday 7 February – Friday 8 February 2019

Surname..... Forenames.....

Date of Birth.....

Parent Address during visit .....

..... Home Tel No.....

Post Code ..... Work Tel No (+ext).....

Mobile Numbers: (Please also state name and relationship of holder)

Name	Relationship to Student	Number

Doctor ..... Tel. No .....

National Health No. (if known) .....

Is your son/daughter **allergic** to any medication, insect bites, food etc? Please specify

.....

Are there any **other medical conditions / issues**? Please specify and include details of any prescribed medicines your child will be taking during the trip. If your child suffers from Travel Sickness / Sleepwalking / Nocturnal enuresis please indicate here.

.....

.....

.....

Has your child received a tetanus injection in the last five years: YES/NO

Does your child have any special dietary requirements? Please specify

.....

Please indicate normal pain relief medication and dosage your child takes

.....

.....

.....

In the event of illness or accident during the trip we would inform you as soon as possible. However, should an emergency require hospital treatment, and you cannot be contacted, we need to know if you would authorise the trip organisers to sign, on your behalf, any written form of consent required by the hospital authorities.

**PLEASE DELETE THE STATEMENT THAT DOES NOT APPLY:**

- \* I give the authority to the trip organiser to sign, on my behalf, any papers needed by the medical authorities in case of emergency hospital treatment.
- \* I wish to retain the authority to sign any medical forms and relieve anyone involved of all responsibility for any consequences resulting from delay due to lack of authorisation.

Signed ..... Parent/Carer    Date .....

Print Name: .....

**ADDITIONAL INFORMATION**

.....

.....

.....

.....

.....

.....

.....