



Teign School Off Site Visit Consent and Medical Form

Visit or Activity: Ten Tors 2025				Visit Leader Name: David Bere				
Date(s) of Trip: October 2024 to May 2025								
Brief Description of the Trip – any issues or add ons								
Saturday October 19th Training Day at Haytor; Sunday November 3rd – Walk; Saturday November 16th – Walk; Saturday November 30th – Walk; Saturday December 14th – Walk; Saturday January 4th – Walk*; Saturday January 18th – Walk; Saturday February 1st – Walk; Saturday February 15th – Walk; Friday 28th February & Saturday 1st March – 1-night camp & 1 day walk; Friday 14th, Saturday 15th & Sunday 16th March - 2-night camp & two day walk; Sunday 30th March – Memorial walk; Saturday 5th April – Memorial walk reserve date in case of bad weather; Saturday 26 & Sunday 27th April - 1 night camp & two day walk; Saturday 3rd May – reserve walk in case of bad weather; Event 9 th /10 th /11 th May The above dates are the training dates for all 35 mile Ten Tors participants. *Training begins for 45 mile and 55 mile teams.						Distance (please tick)		
						Ten Tors 35 miles (Yr 9 & 10)		
						Ten Tors 45 miles (Yr10 if completed 35miles, Yr11 & 12)		
Ten Tors 55 miles (Yr 12 & 13)								
PARENT / GUARDIAN TO COMPLETE								
Student Surname		Student Christian Name		Form	Student Mobile No.			
Parent Name			Parent Email					
Home Phone			Parent Mobile No					
MEDICAL CONDITIONS - (PLEASE TICK AS APPROPRIATE)						Please give Name & Address of Family Doctor		
	Yes	No	Medication	Dosage				
Asthma or Bronchitis (please indicate)								
Heart Condition								
Fits, Fainting or Blackouts (please indicate)								
Severe Headaches or Migraine								
Anxiety or Depressive tendencies								
Diabetes (sugar tolerance abnormalities)								
Allergies to any known drugs								
Any other allergies e.g. material, food, medicine					Is your son/daughter able to swim 50m			
Other e.g. Epipen								
Any SEN and / or mobility considerations								
Relevant dietary requirements:				Date of last tetanus injection:				
I give permission for my son/daughter to receive any emergency A & E treatment deemed necessary by medical staff (delete where appropriate)						Yes	No	
Photographs taken during the trip/visit may be used on the school website						Yes	No	
Signed:				Print Name:				
Date:								