



# Hednesford Valley High

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**Headteacher:** Mr S. Stokes, BSc (Hons), PGCE, NASENCo

**Deputy Headteachers:**

Mrs E Hill, BSc (Hons), QTS, NPQSL, MA

Mrs E Perry, BSc (Hons), PGCE, PGDip, MA, NASENCo

**Associate Assistant Headteacher:** Mr C Wall, BSc (Hons), PGCE, NPQML

Our Ref: SSo/PWi/SSc

5<sup>th</sup> September 2024

Dear Parent/Carer

## DofE Expedition - Further Information

As we are approaching our DofE expedition, we now need to collect further information for your child, which may be used in case of an emergency during the expedition. This includes up-to-date emergency contact details, Doctor/medical information, and any other information you feel may be useful for our DofE team to be aware of, during the expedition.

Please complete the information form attached and return to Mr Willett by **Monday 16th September 2024**.

Yours sincerely

Mr Willett  
Class Teacher



## DofE Emergency Contacts & Medical Information

Name of Student	Date of Birth	
Student's Home Address:		
Emergency Contact 1 - Name	Relationship to Student	Contact numbers: Home: Mobile Work:
Emergency Contact 2 - Name	Relationship to Student	Contact numbers: Home: Mobile Work:
Doctors Name	Address	Telephone

### **Medical Information:**

DOES YOUR CHILD HAVE ANY OF THE CONDITIONS BELOW (PLEASE TICK YES OR NO)			
	<u>Yes</u>	<u>No</u>	<u>IF YES IS TICKED, PLEASE GIVE DETAILS INCLUDING MEDICATION TAKEN (IF APPLICABLE)</u>
Asthma			
Epilepsy			
Diabetes			
Bedwetting			
Food Allergies / Intolerances			
Medication Allergies			
Other Allergies			

Please give the approximate date of your child's last tetanus \_\_\_\_\_

Please ensure all medication that your child may require during the visit is clearly labelled with the student's name and dosage required and given to the DofE staff.

Details of medication provided for the expedition \_\_\_\_\_

Further information: Please detail any additional information that you feel may be necessary for staff to be aware of during the expedition \_\_\_\_\_

Form completed by - Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(person with parental responsibility)