



**PENDARREN HOUSE OUTDOOR EDUCATION CENTRE  
Details of Teacher accompanying a party to Pendarren House**

**School** .....

**Surname (Ms/Miss/Mrs/Mr)** .....

**First Name(s)** .....

**Date of Course** .....

**Home Address** .....

**Home Telephone Number** .....

**Date of Birth** .....

**Any special dietary requirements for medical or religious reasons or personal preference:**

**Visiting staff are expected to accompany pupils on activities. Please provide details of any serious illness (eg asthma, heart trouble, epilepsy) or special medical / physical circumstances which may, for example, affect your ability to participate:**

**Caution**

Teachers accompanying parties to Pendarren or attending a course at the Centre are covered by the school journey insurance policy for personal accident and personal effects and by the personal accident policy provided for all employees of Haringey Council. Nevertheless, staff are reminded that accidents are always possible. The instructions of the member of Centre Staff supervising an activity should always be followed with particular care.

**Signed** .....

**Date** .....

To be returned not later than 4 weeks before the beginning of the course to:  
Jan Withers, Admin Officer, Pendarren House OEC, Llangenny, Crickhowell, Powys. NP8 1HE

## **School Contact**

Please give the name and telephone number of a **school contact**. This person or persons should be contactable 24 hours a day during the visit in case of emergency. They should have access to the names, addresses and contact details of the parents / carers of all pupils, and the next of kin of all adults, on the visit.

<b>Contact name and position:</b>	<b>Contact number:</b>	<b>When available: *</b>

\* Throughout visit or give times. One or other of the contacts should be available throughout the visit.