

OFFSITE VISIT: PARENTAL CONSENT FORM

Visit:	PGL – Caythorpe Court
Group Leader:	Mrs Wright
Date of Visit:	Wednesday 10 th May – Friday 12 th May 2017

Child's Full Name:	
Date of Birth:	
Is a photograph of participant required:	YES / NO
Medical Information: Does the above person: <ul style="list-style-type: none"> • Have a medical condition requiring medical treatment or medication? YES / NO * • Have an allergy to certain medications? YES / NO <p style="margin-left: 20px;">Please give details of medical condition/treatments or allergies to medications (eg antibiotics and plasters below :</p> <p>*Please complete and return a Medication Consent Record Form for <u>any</u> medication that will be required to be administered during the trip (available from school office)</p> <p>If your child suffers from travel sickness, we would like permission to administer travel sickness medication during the stay if necessary. Please tick if this is granted <input type="checkbox"/></p> <p>If medical advice is sought and the doctor's recommendation is to administer certain medicine please tick to give permission to carry out the instruction <input type="checkbox"/></p> <p>If your child suffers from headache or pain, we would like permission to administer paracetamol, please tick if this is granted <input type="checkbox"/></p>	
Has he/she received a tetanus in the last 5 years?	YES / NO
Has he/she been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may become contagious or infectious? If yes, give details:	YES / NO
Does he/she have any special dietary requirements? If yes, give details:	YES / NO
I wish to draw the following to the group leaders attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

Please confirm your child's swimming ability:

- Non-swimmer
- Confident in water
- Competent swimmer (able to swim 25 metres)

Emergency Contact Information: please provide details for both main and alternative contacts

Main Contact Details:

Name:

Relationship:

Address:

Telephone Nos: Day:

Evening:

Other:

Alternative Contact Details:

Name:

Relationship:

Address:

Telephone Nos: Day:

Evening:

Other:

Family Doctor Details:

Name:

Address:

Telephone Nos:

Child's NHS Number (if known):

DECLARATION: I have received and understood the details of the visit

I agree that (full name of child) _____:

- Can participate in the visit and activities described **YES / NO**
- Can be transported in the private vehicles of staff/volunteers supervising the visit **YES / NO**
- May be photographed whilst participating in the activities **YES / NO**
- Is in good health and fit to participate in the activities described **YES / NO**
- Can receive emergency medical treatment , including the use of anaesthetics , necessary during the course of the event. I understand that I will be contacted immediately if the need arises **YES / NO**

I undertake to inform the group leader as soon as possible of any change in medical circumstances.

I acknowledge the need for the person named above to behave responsibly and agree to the establishment's procedures in this respect.

The declaration must be signed by someone with parental responsibility for the child.

Signed:

Print Name:

Relationship to child:

Address:

Postcode:

Telephone Number:

The information on this form should be retained by the emergency contact.

A copy may be taken by the group leader on the visit.