

Y5 Hollowford Parental Consent Form

Y5 HOLLOWFORD PARENTAL CONSENT FORM

1. Visit to Hollowford Outdoor Activity Centre:

From (date & time):

To (date & time):

I agree to taking part in this visit. I acknowledge the need for them to behave responsibly.

2. Medical information about your child:

* Any conditions requiring medical treatment, including medication?

Yes

No

Please give brief details of the condition below: If your child requires medication, a Parental Consent for Administration of Medicines form must also be completed.

Please outline any special dietary requirements of your child:

* To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

Yes

No

If YES, please give brief details:

* Is your son/daughter allergic to any medication?

Yes

No

If YES, please give brief details:

* Can your child swim?

Yes

No

How far can your child swim?

* Is your child water confident in a pool?

Yes

No

* Is your child safety conscious in water?

Yes

No

When did your son/daughter last have a tetanus injection?

*

I will inform the Group Leader/Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Emergency Contact Information:

Next of Kin 1st Tel No.

*

Next of Kin 2nd Tel No.

Home Address:

*

Alternative emergency contact (name & number):

Name of family Doctor (name and number):

Please sign below

please sign above

Full name (capitals)

*

Date

*

dd/mm/yyyy

This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the school.
