

PARENT / GUARDIAN CONSENT FOR ACTIVITIES OUT OF NORMAL SCHOOL HOURS

PGL residential June 2022

Establishment/Group: **Somerville Primary School**

Details of Visit to: Year 6 residential visit to PGL Boreatton Park, Shropshire from 29<sup>th</sup> June to 1<sup>st</sup> July 2022

I agree to \_\_\_\_\_ ( name ) taking part in this visit

I have read the information previously provided and I agree to \_\_\_\_\_ 's participation in the activities described.

I acknowledge the need for \_\_\_\_\_ to behave responsibly throughout the visit.

**Medical information about your child (if your child requires medication whilst at PGL please complete the separate sheet provided)**

- Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

- Please outline any food or other allergies and special dietary requirements of your child:
- Any recent illness or accident staff should be aware of?
- The type of pain/flu relief medication your child may be given if necessary:

**For activities based in or near water**

The following information will assist the Party Leaders in caring for your child.

Can your child swim? .....YES / NO

Can your child swim 25m? .....YES / NO

Is your child confident in the pool? .....YES / NO

Is your child aware about the dangers of deep water? ....YES / NO

**For residential visits and exchanges only**

- e) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections? YES/NO

If YES, please give brief details:

- f) Is your child allergic to any medication? YES/NO

If YES, please specify:

- g) When did your child last have a tetanus injection?

**Declaration**

I agree to my child 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. I understand the extent and limitations of the insurance cover provided.

Contact telephone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Alternative emergency contact:

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name (capitals): \_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**