

**KESTON PRIMARY SCHOOL
PARENTAL CONSENT AND MEDICAL INFORMATION FORM**

NAME OF CENTRE AND DETAILS OF VISIT

Visit to: Windmill Hill PGL

Dates: From Tuesday 2nd April 2019 - Friday 5th April 2019

Mode of transport: Coach/minibus

GENERAL INFORMATION

Pupil's full name:

Date of Birth Religion

MEDICAL INFORMATION

Any known medical conditions

Recent injections

Date of last Tetanus

Contact with contagious diseases within the last 3 months

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Details of medication (dosage) being taken

.....

Details of any known allergies

.....

.....

Special dietary needs

.....

Family doctor name Tel. No

Family doctor address

DISABILITIES

Please advise of any disabilities that it would be appropriate for staff to be made aware of:

.....

EMERGENCY CONTACT NUMBER

Full name

Address

Telephone Home Work Mobile

If for any reason I cannot be contacted, please contact:

Full name

Address

Telephone Home Work Mobile

Relationship

DECLARATION

I agree to my son/daughter taking part in the visit as outlined in previous letter.

I agree to my son/daughter travelling to PGL Windmill Hill via coach/minibus.

I agree that he/she is fit enough to take part in activities.

I acknowledge the need for responsible behaviour on his/her part. If their behaviour is unacceptable, I understand that they will need to be collected from the residential centre.

I undertake to inform the Group Leader as soon as possible of any change in the medical circumstances between the date signed and the commencement of the visit.

I agree to my son/daughter receiving medication as instructed by me.

I agree to medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the Group Leader leading the visit to sign any written form of consent required by the hospital or Medical Authority. The Group Leader will endeavour at all times to access the consent of parents/guardians before signing on their behalf.

I understand that the participant is responsible for the safe custody of their personal belongings and effects and that the organisers cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen or for compensation of any kind.

I give permission for my child to be given Calpol or Piriton should the need arise on the Year 6 residential visit to PGL.

Signed **parent/carer**

Date