

PARENTAL CONSENT FOR Y7 VISIT TO WILLERSLEY OUTDOOR ACTIVITY CENTRE, CROMFORD

Trip Dates*: **Group A** **Mon 4 Dec – Wed 6 Dec**
 Group B **Mon 11 Dec – Wed 13 Dec**
 Group C **Wed 13 Dec – Fri 15 Dec**

*The exact date your child will be involved will be confirmed in November. At this stage we are gaining consent and further information about individual student needs.

Name of Student						Date of Birth / /	
House	Cavendish	Gladwin	Hunloke	Turbutt	Kenning	Form Group	
I agree to my child taking part in this visit and have read the information sheet. I acknowledge the need for them to behave responsibly and safely at all times. I confirm my child is in good health and I consider them fit to participate.							YES / NO

Medical Information

Does your child have any conditions requiring medical treatment, including prescribed / non-prescribed medication?		YES / NO
Please give brief details of any medical conditions below. Please outline types of pain/flu relief medication your child may be given if necessary.		

Dietary Information

Please outline any special dietary requirements of your child. Is your child:	Coeliac	Vegetarian	Lactose intolerant
	YES / NO	YES / NO	YES / NO
Does your child suffer from any food allergies?		YES / NO	
If YES – please provide details.			

For Residential Visits

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:		
When was the last time your child received a tetanus injection?	(Insert date) / /	

PLEASE RETURN TO STUDENT SERVICES : FAO OF MRS NEVILLE

Swimming / water-based activities

Is your child able to confidently swim 50 meters?	YES / NO
Is your child water confident in a pool?	YES / NO
Is your child confident in the sea or in open water?	YES / NO
Is your child safety conscious in water?	YES / NO

Declaration

I agree to my son / daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.	YES/NO
I will inform the Visit Leader/Headteacher/Manager as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.	YES/NO
I understand that my son/daughter may be videoed or photographed to promote the activity at the school/centre. I give consent for video and photographs to be taken of my son/daughter. I also understand these might be used promotional purposes.	YES/NO

Signed:		Date:	
Full name (capitals):			

Contact information:

Work telephone number:		Home telephone number:	
Home address:			

If I am not available at the above, please contact:

Name:		Telephone number:	
Address:			

Name of family Doctor:		Telephone number:	
Address:			

Please contact the school with any additional information which will help to provide your child with a safe and positive experience during this offsite trip.