



## Emergency Details

Child's Full Name \_\_\_\_\_  
 Full Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Carer's Full Name \_\_\_\_\_

☎ Day \_\_\_\_\_  
 ☎ Evening \_\_\_\_\_  
 ☎ Mobile \_\_\_\_\_

Parent/Carer's Full Name \_\_\_\_\_

☎ Day \_\_\_\_\_  
 ☎ Evening \_\_\_\_\_  
 ☎ Mobile \_\_\_\_\_

**Additional Contact Numbers**

Relative (R) or Neighbour (N) that could help contact parent/carer quickly in case of emergency (please state relationship using the above code beside each name).

Full Name \_\_\_\_\_ ☎ Day \_\_\_\_\_ ☎ Evening \_\_\_\_\_ ☎ Mobile \_\_\_\_\_

Full Name \_\_\_\_\_ ☎ Day \_\_\_\_\_ ☎ Evening \_\_\_\_\_ ☎ Mobile \_\_\_\_\_

## Important Medical Information

Name of Doctor \_\_\_\_\_ ☎ \_\_\_\_\_  
 Please give details of any medical conditions, allergies or current medication. \_\_\_\_\_  
 \_\_\_\_\_

Please complete the Parental Request of Administering Medicines if your child is currently on medication. (Only form to be returned with the Parent Consent Form, medicine to be brought in on day of residential trip)

Is there anything else you would wish to bring to the Visit Leaders' attention?  
 eg travel sickness, incontinence, sleepwalking/  
 restless sleeper or any other special needs \_\_\_\_\_  
 \_\_\_\_\_

Is your child allergic to any medication? Yes/No  
 If YES please give details. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Paracetamol**

If your child is feeling unwell whilst at PGL it may be appropriate for them to receive Calpol, Junior Nurofen or Paracetamol. Please tick which medication is appropriate for your child to be given, this also indicates your permission for us to administer this

Calpol Yes/No      Junior Nurofen Yes/No      Paracetamol Tablet      Yes /No

**Plasters**

Is your child allergic to any form of first aid plaster? Yes/No

**Travel Sickness**

Does your child suffer from travel sickness? Yes/No

If your child suffers from travel sickness, please provide named medication with signed instruction on dosage and times.



**Swimming Ability**

Is your child able to swim 50m or more?	Yes/No
Is your child water confident (can duck head under water and swim 15m in a life jacket/buoyancy aid without panic)	Yes/No
Is your child unable to swim?	Yes/No

**Dietary Requirements**

Does your child have any food/allergies/ dietary requirements? Please do not include if your child is a fussy eater, PGL only need to know if your child has specific medical conditions to certain foods. Yes/No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please complete the following declaration.**

I have read the information sheet provided and agree to my child's participation in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and to any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Carer \_\_\_\_\_ Date \_\_\_\_\_