

Parent Consent Form



Burwell Village
College Primary

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 below.



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/ Yes/No 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.

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 _____