

PARENTAL CONSENT FORM**CONFIDENTIAL**

PERSONAL DETAILS OF CHILD			
Surname (family name):		School / Group:	
First name:		Course dates:	
Address:		Year group:	
		Date of Birth:	
		Age:	
Postcode:		Male/Female:	

CONTACT INFORMATION	Primary Contact	Alternative contact
Name		
Relationship		
Contact No (day)		
Contact No (evening)		

HEALTH & MEDICAL INFORMATION		
Doctor's Name:	Doctor's Tel Number:	
Address:		
Post code:		
Date of most recent tetanus injection if known?		
Please indicate whether your child has any of the following conditions and detail any specific medication or treatment that is prescribed and / or needs to be carried.		
DOES YOUR CHILD HAVE	YES/ NO	Treatment / Medication
Asthma		
Allergies (medical or food related)		
Diabetes		
Bed wetting		
Epilepsy		
Travel sickness		
Other		

If the answer to any of these questions is yes, or if there is any other relevant information which will enable us to offer extra support and care for your child during the course, please give details here.

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***Norovirus or similar:** if your child is suffering from the norovirus (winter vomiting bug) or similar, or has been in close contact with someone who is, please do not allow your child to travel. If you are not sure please check with your child's course leader.

DIETARY NEEDS

Does your child have any specific dietary needs? (Please circle)
Please state what these needs are:

YES / NO

PARENTAL CONSENT

I have read all the information provided to me and agree to my child participating fully in this course. I will inform the School and Centre of any changes to the information on this form.

I agree to my child receiving emergency medical treatment considered necessary by appropriate medical professionals.

Parental/guardian signature:

Date: