



Year 6 Residential 2019 – Parental Consent Form



School/Club/Organisation: Ridgeway Primary School

Dates: From: 10th June 2019 To: 14th June 2019

Surname: _____ First Name(s): _____

Date of Birth: _____ Sex: M/F

Home Address: _____

_____ Post Code: _____

Contact Numbers: _____ (Day) _____
(Evening)

Contact address and telephone number(s) during the course, if different from above: _____

Details of any medical condition, allergy or recent illness (eg Asthma, Epilepsy, Diabetes etc):

Details of any course of treatment (tablets, medicines etc). This helps us ensure that children take correct doses:

Name and address of family doctor:

_____ Telephone Number: _____

Can your child swim? _____

Dietary Requirements: Is your child a: Vegetarian: Y / N Vegan: Y / N

Details of any special diets: _____

Paracetamol Permission: *delete as appropriate

I do / do not give permission for staff to administer Capol as required to my child during the Isle of Wight residential 2019.

Any other notes:

Signature of Parent: _____ Date: _____

Please ensure that all medication comes complete with the form. Forms can be found in the School Reception or on the website:

<http://www.ridgewayprimary.com/parents/letters>

Please return to School by Friday 24th May 2019.