Deal Parochial CEP School

Confidential

Child's Name_____Date of Birth _____

Parental Consent for a School Visit

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1. Details of visit to Windmill Hill PGL Centre, Nr Hailsham, E.Sussex

From 13th March – 16th March 2018

I agree to _____(name) taking part in this visit and have read the information sheet.

I agree to _____ participating in the activities described in previous meetings and on the PGL website.

I acknowledge the need for _____to behave responsibly.

2. Medical information about your child

- Any conditions requiring medical treatment, including medication e.g. asthma, eczema, sickness tablets? **YES/NO**

  If **YES,** please give brief details of when and how much medication to be given:

  _____

  _____

  _____

- My child wets the bed **NEVER / SOMETIMES / FREQUENTLY**

- Please outline any special dietary requirements of your child e.g. allergies, intolerance, religious, cultural. (not general likes and dislikes)

  _____

  _____

  Please specify the type of pain relief medication your child may be given if necessary, e.g. Calpol, Ibruprofen.

  _____

  _____

- **I give consent for _____ to be given the above specified pain relief medication if deemed necessary.**

- My child has started her periods **YES / NO**

  My child may be due on her period at the time of the visit **YES / NO**

  I have provided her with sanitary towels **YES / NO**

- Is your child allergic to any medication? **YES / NO**

  If **YES**, please specify:

  _____

  _____

- When did your child last have a tetanus injection? (If known)

  _____

- I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Declaration

I agree to _____(Child's Name)

_____ (Date of Birth)

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.

Contact Telephone Numbers:

Name_____ Mobile_____

Work_____ Home_____

Home Address_____

_____

Alternative Emergency Contact

Name_____

Tel_____ Tel_____

Doctor's Name_____

Address_____

_____

Tel_____

Signed _____ Name_____(capitals)

Relationship to child_____ Date _____