



**Parent consent form**  
**(to be retained by school – PGL do not require a copy)**

**IMPORTANT INFORMATION**

**Emergency details**

Child's Full Name	
Address	
Date of birth	
Name of Parent/Carer	
Contact telephone number (mobile)	
Work telephone number	
Home telephone number	
Address	
Alternative Emergency Contact Name	
Contact telephone number (mobile)	
Home telephone number	
Address	

**Important Medical and Dietary Details**

Name of Doctor	
Doctor's Surgery Address	
Telephone Number	
Does your child have any medical conditions requiring medical treatment that has been prescribed by your doctor?	Yes/No
If yes, please give details of any medical conditions, allergies or current medication	
Is your child allergic to any medication?	Yes/No
If yes, please give details.	

When did your child last have a tetanus injection?	
Does your child wet the bed?	

We may have to give your child non-prescription medicine whilst they are away. This will include:

Nurofen for children, Calpol, Piraton for children, Antisan cream, plasters.

Please let us know if your child is allergic to any of these non-prescription medications or if you do not wish your child to be given them.

Any special dietary requirements for your child: for example vegetarian, non-dairy. The meat will not be halal.	
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## Swimming Ability

Is your child able to swim 50 metres or more?	Yes/No
Is your child unable to swim 50 metres or more but is confident in water?	Yes/No
Is your child unable to swim?	Yes/No

## 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/Guardian

Date

