Education Beyond the Classroom
Lincolnshire

CfBT Education Trust

PARENTAL CONSENT FORM FOR A LOW MILL RESIDENTIAL

NATURE OF VISIT: Year 5/6 residential trip to Low Mill Outdoor Centre, Askrigg, N.Yorks

1. Details of visit to: Low Mill Outdoor Centre

2.

From: 22/6/15 To: 26/6/15

I agree to _____ (name of child), taking part in this visit and for my child to participate in the activities described. I acknowledge the need for him/her to behave responsibly.

2. Medical information about your child

a. Any condition requiring medical treatment, including medication? YES/NO
If YES, please give brief details: _____

_____

b. Please outline any special dietary requirements of your child (not preferences).

_____

_____

For residential visits and exchanges only

c. To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious? YES ☐ NO ☐

If YES, please give brief details:

_____

_____

d. Is your son/daughter allergic to any medication? YES ☐ NO ☐
If YES, please specify:

_____

_____

e. When did your son/daughter last have a tetanus injection?

_____

_____

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

2. **Declaration**

I agree to my son/daughter receiving medication as instructed or any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitation of the insurance cover provided.

Contact telephone numbers:

Work: _____ Home: _____

Home address: _____

_____

Alternative emergency contact:

Name: _____ Telephone number: _____

Address: _____

_____

Name of family doctor: _____ Telephone number: _____

Address: _____

_____

Signed: _____ Date: _____

Full name (capitals): _____

PLEASE ATTACH A PHOTOGRAPH (PASSPORT OR OTHER) OF YOUR CHILD TO THIS FORM. THE PHOTO SHOULD SHOW CLEARLY YOUR CHILDS FACE SO STAFF WHO MAY NOT KNOW YOUR CHILD CAN IDENTIFY THEM WHEN LOOKING AT MEDICAL INFORMATION.