

Lacey Green Primary Academy
PARENTAL CONSENT FORM – PGL RESIDENTIAL 2023

I (please print full name) _____ Parent/Carer (please delete) of the child named below, give consent for him/her (please delete) to attend the PGL Residential visit from **05.06.23 to 09.06.23**

I also consent to my child taking part in all organised activities. I understand that my child will be expected to follow all appropriate rules and regulations, and that the leader(s) will take such action as is necessary should breaches occur.

Signed: (Person with Parental Consent)		Date		
Child's Full Name		Date of Birth		
Full Address of Parent / Carer:		Please Circle	BOY	GIRL
		Postcode		

Parent/Guardian Emergency Contact Details

Name and Relationship to Child	Address <small>(if different from above)</small>	Contact Telephone Numbers	
Contact 1 Name Relationship		Day	
		Evening	
		Mobile	
Contact 2 Name Relationship		Day	
		Evening	
		Mobile	
Contact 3 Name Relationship		Day	
		Evening	
		Mobile	

SWIMMING ABILITY – IS YOUR CHILD (Please delete where necessary)

ABLE TO SWIM 50 METRES OR MORE?	YES/NO
CANNOT SWIM 50 METRES BUT IS WATER CONFIDENT	YES/NO
NON SWIMMER	YES/NO

PLEASE COMPLETE BOTH SIDES OF THE FORM

Details of Important Medical and Dietary Needs

Please complete the medication details below stating any medical conditions/allergies/asthma

Name and Address of Doctor		Doctor's Telephone No:	
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Please enter the date your child last had a Tetanus injection: (Month and Year is fine)	DATE: <u>PLEASE DO NOT LEAVE BLANK</u>
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Does your child suffer from bed wetting? (please circle)	YES / NO
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Medical Conditions:-

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Known Allergies:-

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Is your child allergic to any medication? YES / NO

If Yes, please give details below.

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CALPOL/PARACETAMOL	I give permission for my child to be administered Calpol / Paracetamol based products if required. (Please Circle) – YES / NO
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Does your child have any known allergies to food? Yes / No (Please Circle)

If Yes please give details below.

Dietary Details

FOOD ALLERGIES:

Please detail any special dietary needs (e.g. a vegetarian, religious, but NOT likes or dislikes)

I hereby authorise any accompanying member of teaching staff of Lacey Green Primary Academy to give consent to such medical treatment considered necessary for my child by a qualified medical practitioner during the visit. This may include an anaesthetic or blood transfusion if necessary.

Signed:(Person with Parental Consent)		Date	
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