

# Lacey Green Primary Academy

## PARENTAL CONSENT FORM – PGL RESIDENTIAL 2025

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 **02.06.25 to 06.06.25**

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.

<b>Signed:</b> (Person with Parental Consent)		<b>Date</b>		
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 (if different from above)	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:

**Please enter the date your child last had a Tetanus injection: (Month and Year is fine)**

**DATE:**

**PLEASE DO NOT LEAVE BLANK**

Does your child suffer from bed wetting? (please circle)

YES / NO

**Medical Conditions:-**

**Known Allergies:-**

**Is your child allergic to any medication?**

**YES / NO**

**If Yes, please give details below.**

**CALPOL/PARACETAMOL**

**I give permission for my child to be administered Calpol / Paracetamol based products if required.**

**(Please Circle) – YES / NO**

**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**