



CONFIDENTIAL PARENTAL CONSENT FORM

1.	Consent for partic	Consent for participation in the visit			
Visit to	Perlethorpe Camp				
Date:	3 rd /4 th July 2020				
mention I unders I unders	stand that there is so	his/her participation. I acknowle me level of risk in every activity	edge the need for obedience and responsible that this visit will be managed to ments, or in emergency, it may be necessary.	inimise the risks involved.	
2.	Medical information, declarations and consent				
a)	Does your son/daughter suffer from any conditions of which the staff member leading the visit should be aware: YES/NO				
b)	Details of any medication				
Name	of medication	Dosage	Times of day or circumstances to be given	Method of administration	
I unders	stand the staff leadin	g the visit are not qualified medi	above medication which I will deliver to cal practitioners but that they will take appropriately should emergency tree	reasonable care in the	
c)	Is your son/daughter allergic to any medication: If YES , please specify.			YES/NO	
d)	I undertake to inform the group leader/headteacher as soon as possible of any change in the medical or other circumstances between now and the commencement of the journey.				
e)	I agree to my son/daughter receiving emergency medical treatment, including anaesthetic and blood transfusion, as considered necessary by the medical authorities present.				
3.	Contact numbers				
a)	I may be contacted by telephoning the following numbers:				
	Work:	Home:	Mobile:		
b)	If I am not available	e, please contact:			
	Name: Telepho		phone Numbers:		
4.	<u>Signature</u>				
	Date:	Signe	ed:		
	Full name (capitals):				