

Medical Needs and Parental Consent Form – Y5 Camp May 2017

It is important that you complete both sides of this consent form in order to ensure, in the unlikely event of any injury, all medical needs of your child are met.

Please return this to school when you attend the parent briefing on Monday 8/5/17,
at the latest by the morning of Friday 12/5/17.

Child's name:	Date of birth:
<u>Parental Consent</u>	
I am aware of the nature of the programme that my child is about to participate in. I understand that while the school staff in charge of the party will take all reasonable care of the children they cannot necessarily be held responsible for any loss damage or injury suffered by my son/daughter arising from or during the Centre's activity. I understand that I can seek more detailed information by contacting the school (0121 464 3881) or Blackwell Campsite (0121 445 1285 www.blackwelladventure.co.uk).	
<input type="checkbox"/> I consent to my child taking part in all activities organised by the school and Blackwell staff in connection with the programme.	
<input type="checkbox"/> I have told my child to pay particular attention to Staff giving advice on matters of safety, behaviour and general procedures.	
Signed _____ Parent/carer	Date _____.
<u>Photographic Consent</u>	
<input type="checkbox"/> I give my permission for photographs to be taken and used for school purposes including leaflets, posters and on the website. These will only be used by the school.	
<u>Medical Consent</u>	
Does your child suffer from any medical condition? E.g.: Asthma, Allergies, Diabetes, Epilepsy, Other?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please give detail below	
Is your child currently taking any medication? e.g. antibiotics, inhaler, any other medicine	
<input type="checkbox"/> No <input type="checkbox"/> Yes, please give detail below	
<input type="checkbox"/> I consent to school staff giving my child their medication while on camp	
<input type="checkbox"/> I will ensure my child will bring their inhaler/ medication on camp	

Medical Consent – continued

Is there anything else that you could bring to our attention? e.g. travel sickness, bed wetting

No

Yes, please give detail below

Has your child had a tetanus injection in the last 10 years?

No

Yes

I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the Medical Authorities present

No

Yes

Water Confidence – Swimming

My child cannot swim Is just water confident Can swim 25m+ metres

Emergency Contact Information

Parent /Carer _____.

Home address

Post Code

Home Tel

Mobile

Work

Second Emergency Contact

Name

Phone number