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| Information for Parents/Carers:  So that you have the information you need to consent to your visit it is recommended that you read the information for parents on our website. If you have any questions please ask the school/group leader. It is important you ensure that you have the information you need to complete the questions below and sign the consent. The personal and medical information requested is to ensure that the Centre can provide a proper duty of care for you. |

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| **Personal Details:** | | | |
| Surname: |  | School: | Fountains CE Primary |
| Forename: |  | Course Dates: | 23-25th June 2021 |
| Address: |  | Date of birth: |  |
|  |  | **Contact phone numbers:** | |
|  |  | Home: |  |
|  |  | Work: |  |
| Postcode: |  | Mobile: |  |

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| **Medical Information:** | | |
| Doctor/medical surgery details: | | |
| If your child has a medical condition please discuss with your family doctor and inform your school/group leader before the trip. Medical conditions would not normally exclude a child from participating in the course. It is important that your child brings any necessary medication with them and that the group leader and centre are aware of this. | | |
|  | **Please Tick** | |
| **Questions:**  Has your child had a serious illness in the last two months?  Is your child recovering from an accident, injury or broken limb?  Does your child have: Epilepsy, convulsions or absenting?  Diabetes mellitus?  Asthma?  Heart disease?  Does your child have any allergies?  Does your child currently take any medication?  Does your child suffer from travel sickness? | **Yes** | **No** |
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| **Does your child have any other long term illness, disability or additional needs?** |  |  |
| **If the answer to any of these questions is yes, or if there is any other relevant information which will enable us to support and care for your child during the course, please give details here:** | | |
| **MEDICAL TREATMENT DURING THE COURSE**  With your consent the centre will provide treatment for minor ailments with ‘off the shelf’ products from a chemist. The following items may be used: **Paracetamol, plasters, insect bite antihistamine.** Please indicate if you are happy for your child to be treated with these. **Delete any above that you do not give permission for.** | | |
|  | **Yes** | **No** |
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| **DIETARY INFORMATION:**  Please give details of any individual dietary needs (including vegetarian foods). |

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| **ALTERNATIVE EMERGENCY CONTACT NUMBERS:**  We will make every effort to contact you in the event of an emergency. To assist us in this please give the name, address and phone numbers of an emergency contact. | | | |
| Name: |  | Home: |  |
| Address: |  | Mobile: |  |
| Work: |  |

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| **CONSENT**  I consent to my child attending the course at Kingswood Dearne Valley. I have received information about the programme and fully understand the nature of the course and agree to my child participation in all the activities described. I understand that the programme maybe changed by the centre in consultation with the group leader due to weather or for other reasons. I understand the nature of the insurance arranged by the school for this educational visit. The information I have provided in this form is accurate at this time and I agree to inform the group leader/school as soon as possible of any changes between now and the start of the course. I agree to my child receiving medication as instructed above; and to receiving any emergency dental, medical treatment as considered necessary by the relevant people. | | |
| **Name:** | **Signature:** | **Date:** |

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| **CONSENT (PHOTOGRAPHS/VIDEOS/IMAGES)**  I have read the photography (wording) on the school website and I give consent to taking, storing and using images of my child for the purposes described. | | |
| **Name:** | **Signature:** | **Date:** |

**Please complete this form as soon as possible and return to school so that we can send to the centre before our visit.**