

School Name: Partnership of Greenacre and Walderslade (PGW)

PARENTAL CONSENT FORM (for students under the age of 18)

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed off site educational activity. It is also designed so that all information relating to your son/daughter's health and fitness can be assessed prior to the trip so that any necessary arrangements can be made to accommodate special needs.

DATA PROTECTION - (complete and amend as necessary)

PGW is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals.
The information you supply is being collected for the purpose of emergency contacts and essential medical requirements for the visit.
When you sign or complete this form you are providing your consent to PGW holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party, other than it may be shared with a doctor/hospital for the purpose of emergency medical treatment.

DETAILS OF PROPOSED ACTIVITY

Friday 23rd September 2016, Army Team Building Day at School.

Any additional information: Student will be required to wear appropriate clothing for physical activities outside. Student's will need to have covered arms and legs, no skirts, comfy shoes preferably trainers, hair to be tied up.
Due to the nature of the activities students will require a coat for outside activities.

ACKNOWLEDGEMENT OF RISK

The activity poses additional risks to those that students might be expected to encounter during a normal school/college day. Whilst every care will be taken to effectively control and manage these risks, you need to be aware that the following risks exist:
Due to the nature of the physical activities there is a risk of injury.

CONDUCT DURING THE TRIP

All participants are expected to behave in a responsible manner at all times during the educational activity. They must take direction from the tutor or nominated leader and follow all instructions or guidance given by activity instructors.
When instructed, they must wear any clothing or protective equipment issued to them by instructors/tutors and not interfere with any of this clothing or equipment. They must not engage in any horseplay or practical jokes whilst on the trip as this may affect not only their own safety but that of others.

Please complete and return to school

Student's name:

Home address:

Home telephone number:

Other contact number:

MEDICAL INFORMATION

Does your son/daughter:

Has your son/daughter had in the last 4 wks:

Have good eyesight?

An infectious disease?

Suffer from any allergy, food or medication?

Had contact with an infectious disease?

Have good hearing?

Diarrhoea or vomiting?

Have any of the following: (Please tick where appropriate)

ADHD Aspergers Epilepsy Diabetes Asthma

Comments:

Has your son/daughter had a tetanus injection in the last 5 years?

Has your son/daughter had any recent physical injury?

Is your son/daughter currently receiving treatment for any condition?

Please state any medication that your son/daughter is currently required to take:

Does your son/daughter have any special dietary requirements?

Does your son/daughter suffer from travel or motion sickness?

Does your son/daughter have any other special needs?

Does your son/daughter suffer from vertigo (fear of heights)?

OTHER HELPFUL INFORMATION YOU MAY WISH TO PROVIDE

In an emergency I can be contacted as follows:

Email:

Home Tel:

Fax:

Work Tel:

If not available, please contact the following person:

Telephone number:

Our family doctor is:

Drs Tel No:

If there is any other information you consider the school/college should know please continue on a separate sheet of paper

CONSENT DECLARATION

I, being the parent / guardian of the son/daughter named at the head of this form, give consent for him / her to attend the proposed activity.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have informed the school/college of all medical conditions or treatments that he / she suffers from or requires to maintain health.

Signature & Date:

Relationship to student: