

Parental/Guardian Consent, Contact & Medical form

This form must be completed and returned to the teacher in charge of the visit or trip, before any student can be allowed to participate.

Parental Consent

First name		Far	nily name:		
Date of Birth		For	m:		
Trip / Visit to	CAMP KERNOW	-10			
Date(s) From	21/05/2024	Т	0 22/05/20	24	
	on/daughter taking re mentioned Trip /	Parent or	Guardian's s	ignature	
	Stude	ent Conta	ct Detai	le	
Home addres			, or Dota		
Contact telepho	one numbers (for the	duration of t	he visit / tri	p)	
Name		Ho	me		
Mobile		W	ork		
Alternative con	itact Relationship	to student :			
Address					
Name		Ho	me		
Mobile		W	ork		
Medical Informa					
Name of doctor			Tel no		
Address of surgery				NI O	
My child does retreatment.	ot suffer from any mo	edical condi	tion requirir	Please mark wi	th X if appropriate
My child suffers from			12		
and has been	Name of medication	on	Dose	Frequency	
prescribed the following medication					
NB: if your child is	on a residential visit, pleas	se ensure vou i	nclude inform	ation relevant to night-tip	me needs
My child also uses the following over- the-counter medication	Name of medication		Dose	Frequency	

My child has an allergy to the	Allergic to	Type of reaction	Type of reaction	
following:	1.00			
		Please del	lete as appropriate	
I would like to dis	cuss my child's medical	condition with the teacher in charge.	YES NO	
	p to date tetanus injection		YES NO	
I am willing for my child to be given with "over-the-counter medication" by staff e.g. paracetamol, throat lozenges, plasters, insect bite antihistamine.				
ts prescription c	ontainer if applicable)	en to the teacher in charge, clearly me with name and full instructions for u the pupil with spares given to the te	ise.	
Dietary Information		requirements		
e.g. vegetarian, k	ave any special dietary i cosher, allergies	(please give	YES NO	
	nation ny additional information	as required		
		as required		
		as required		
Additional Inform		as required		
Please include ar				
Please include an	ent/Guardian (or stude		ls given are	
Please include are claration by Pare I have read and true and accurat I agree to my chior surgical treatments.	ent/Guardian (or stude completed this form and le. ild receiving medication anent, including anaesthe	nt if over 18)	al, medical	
Please include are eclaration by Pare I have read and true and accurat I agree to my chior surgical treatments by the medical at I will inform the terms	ent/Guardian (or stude completed this form and e. ild receiving medication anent, including anaesthe outhorities present.	nt if over 18) to the best of my knowledge the detail as instructed and any emergency dent	al, medical necessary	
Please include are eclaration by Pare I have read and true and accurat I agree to my chior surgical treatments by the medical at I will inform the true and accurate the medical at I will inform the true are included and included and included and included are included and includ	ent/Guardian (or stude completed this form and e. ild receiving medication anent, including anaesthe outhorities present.	nt if over 18) to the best of my knowledge the detail as instructed and any emergency dented or blood transfusion, as considered as possible of any changes in the me	al, medical necessary	