



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		Family name:	
Date of Birth		Form:	
Trip / Visit to	CAMP KERNOW		
Date(s) From	21/05/2024	To	22/05/2024
I agree to my son/daughter taking part in the above mentioned Trip / Visit		Parent or Guardian's signature	

Student Contact Details

Home address			
Contact telephone numbers (for the duration of the visit / trip)			
Name		Home	
Mobile		Work	
Alternative contact	Relationship to student :		
Address			
Name		Home	
Mobile		Work	

Medical Information

Name of doctor		Tel no	
Address of surgery			

Please mark with X if appropriate :

My child does not suffer from any medical condition requiring regular treatment.	
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My child suffers from			
and has been prescribed the following medication	Name of medication	Dose	Frequency

NB: if your child is on a residential visit, please ensure you include information relevant to night-time needs

My child also uses the following over-the-counter medication	Name of medication	Dose	Frequency

