



Greneway School, Garden Walk, Royston, Herts SG8 7JF

PARENTAL CONSENT FORM

FOR PARTICIPATION IN ANY OFFSITE ACTIVITIES DURING THE ACADEMIC YEAR 2014/2015 including Day Trips, Residential Journey, Sport & Music

To be completed by the parent/adult responsible for the child

Please complete ALL sections

Your child CANNOT take part in offsite activities without this form

Form Group: (please complete)	5..... 6..... 7..... 8.....	
Year Leader:		
Dates:	From: Sept 20__	To: 31 st Oct 20__
A Passport photograph of the child is required. Attach to this form.		
Child's Full Name:		
Date of Birth:	Male/Female	
Does the above child:		
• Have a medical condition requiring medical treatment or medication?		Y/N
• Have an allergy to certain medicines?		Y/N
• Is he/she able to administer his/her own medication?		Y/N
Please give details of medical conditions/treatments or allergies to medications below: (please attach a separate sheet if necessary)		
I consent to the administration of basic medicine, eg. paracetamol/aspirin, should my child be ill		Y/N
Has he/she been in contact with any contagious or infectious diseases or suffered from anything that may become contagious or infectious? If yes, give details:		Y/N
Has he/she received a tetanus injection in the last 5 years?		Y/N
Does he/she have any special dietary requirements? If yes, give details:		Y/N
I wish to draw the following to the Group Leader's attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):		
<u>SWIMMING ABILITY</u>		
I confirm that	(name)	is/is not (Delete as applicable)
Water confident and able to swim 25 metres.		

Continued overleaf/...

EMERGENCY CONTACT INFORMATION		
Name:	MAIN CONTACT	ALTERNATIVE CONTACT
Relationship to child:		
Address:		
Telephone Numbers:	Day: Eve: Other:	Day: Eve: Other:
FAMILY DOCTOR DETAILS		
Name of GP:		
Surgery Address:		
Telephone Number(s):		
Child's National Health Number:	(Must be given):	

DECLARATION: I understand that this form is applicable to any activity off the school site that my child undertakes during the academic year 2014/2015. I agree to inform the school of any change to the information provided.

I understand that my child may leave the school premises at other times when I will be informed separately by letter and when further consent will be required from me.

I agree that (full name of child) _____

- can participate in all visits and activities;
- can be transported in the private vehicles of supervising staff/volunteers if required;
- is in good health and fit to participate in all activities;
- can receive medical treatment as necessary.

I undertake to inform the school as soon as possible of any change in medical circumstances.

I acknowledge the need for the child named above to behave responsibly. I agree to the School's Health and Safety guidelines in this respect and agree to the child being withdrawn from any visit or journey if they behave inappropriately with respect to these guidelines **at any time** before the visit or journey takes place.

Signed:	Name in Capitals:
Relationship to child:	Date:
Address: (if different from above)	
Postcode:	
Telephone Number:	
A passport sized photograph has been attached to this form? (This form cannot be accepted without a photograph)	Yes <input type="checkbox"/> (please tick to acknowledge)