

Personal information and Parental Consent Form – Level 3 Visits
CONFIDENTIAL

To be completed by the Visit Leader:

Please return to : Mr Walker (Visit Leader)

The Visit Leader who will only divulge information on this form to other staff as necessary, to ensure the welfare and safety of the participant.

Place of visit: Hautbois Hall

Day & date of departure: Friday 17 June 2022 Time: 10am

Day & date of return: Friday 17 June 2022 Time: 8pm
(please collect your child from Preston Primary School at 8pm)

List of activities to be undertaken: kayaking, crate stacking, orienteering

Method of travel: coach (seat belts fitted as standard – Yes)

Please complete as appropriate:**I have made a voluntary contribution of £ _____ (suggested £34.00)**Please delete as appropriate:

My child is entitled to Free School Meals and I would like to order a school packed lunch
OR
I will provide my child with a packed lunch.

To be completed by Parent/Guardian (please use block capitals)

Young person's full name: _____ Date of birth: ____/____/____

Home address: _____

_____ Post code: _____

Main telephone no : _____

Name of parent(s)/guardian(s):

(i) _____ Relationship: _____

(ii) _____ Relationship: _____

Addresses of parent(s)/guardian(s) and/or other contact persons:

(i) _____

_____ Tel. no. _____

(ii) _____

_____ Tel. no. _____

Doctor's name : _____

Doctor's Tel. no: _____ National Health No.(if known): _____

Date of last known tetanus injection (if known): _____

Please give details of any recent illnesses:

Please give name and dosage of any medications currently being taken:

Please tell us about any allergies, e.g., medicines, food, bee stings, etc.

Please tell us about any food not eaten for religious or health reasons:

Please provide any other information which you feel might be useful in an emergency, or that the Visit Leader should be aware of: e.g. phobias, epilepsy, hyperventilation, sleepwalking, diabetes, travel sickness, toileting difficulties, friendship problems, mental health problems etc.

I am willing for my child to take part in the above visit/journey, and having read all the information provided, I agree to his/her taking part in the activities described.

I understand that the staff responsible for the activities will take all reasonable care of participants.

I give/do not give* permission for my child/ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).

* please delete as appropriate

I agree to my child/ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature of Parent / Guardian: _____
(if participant is under 18)

Signature of Participant:: _____
Should there be any amendments to this form after it has been handed in, please contact the Visit Leader immediately.

Signature of Parent / Guardian: _____
(if participant is under 18)

PLEASE RETURN TO MR WALKER BY FRIDAY 6 MAY 2022