

Pupil Information and Consent Form
Kingswood Activity Centre
Wednesday 11th October to Friday 13th October 2017

Child's Name

Address

.....

Date of Birth Tel. no.....

Telephone contact number if different from above

Alternative Emergency Contact Telephone Number

NameAddress.....

Name, address and telephone number of your own doctor

.....

.....

Information of any special medicine or treatment which your child needs. This should include details of any congenital complaints and standard illnesses eg. asthma, allergies, epilepsy and also any admissions to hospital in the last 6 months. Sufficient necessary medication should be provided and a form giving staff authority to administer the medication should be completed prior to departure – please see office staff. (please continue on a additional sheet if necessary)

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Does you child have any of the following (please tick as appropriate)

☐ **specialist** dietary requirements

☐ special educational needs

☐ sickness when travelling

☐ incontinence problems

please give details

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Can your child swim 50 metres unaided ?

I will not hold the Head responsible for any loss of personal effects or money incurred by my child during the visit where reasonable steps have been taken to safeguard such effects and money.

I agree to pay for any damage which may be occasioned through the misconduct or carelessness of my child to the person or property of any other party or parties.

I authorise Mr. Duckett or any other member of the school staff to consent to such medical treatment which, in the opinion of a qualified medical practitioner may be necessary for my child in the course of the school trip to Kingswood Activity Centre.

Signed.....Parent/Guardian

Print Name Date