

**SURREY COUNTY COUNCIL  
PYRFORD C OF E PRIMARY SCHOOL**

**Form of parental consent for a child to take part in a residential visit**

A journey to **Fairthorne Manor YMCA in Southampton – 26<sup>th</sup> to 29<sup>th</sup> March 2018**

I wish my son/daughter ..... to be allowed to take part in the above mentioned school journey and, having been briefed on the general plan for the week, I agree to my child taking part in all the activities planned by the Centre.

I certify that so far as I am aware, my son/daughter is medically fit\* to undertake this journey and associated activities and there are no known health reasons why he/she should not do so. I authorize medical treatment to be provided should this become necessary during the course of the visit.

I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

Signature of Parent/Guardian ..... Date .....

\* Please give details if your son/daughter suffers from any medical condition which, whilst not affecting his/her ability to undertake this journey, you consider the Party Leader should be aware.

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Please give details of any dietary needs of your child - not FADS but medical condition of which we should be aware.

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***(Please complete both sides of this form)***

# CONFIDENTIAL - HEALTH INFORMATION AND DIETARY FORM

Child's Name .....  
Class ..... Date of Birth .....

1. What is the name, address and telephone number of your doctor.
2. Do you suffer from, or need special treatment for, any ailment or disability e.g. Diabetes, Epilepsy, Kidney disease, Asthma, Hay fever, Migraine? If so, please specify the ailment or disability and give details of the treatment required.
3. Approximate date of last anti-tetanus injection **(this MUST be completed)**
4. Do you have any special dietary requirements for medical or religious reasons or are you vegetarian? Please specify.
5. Are you allergic to anything e.g. antibiotics or other medicines, foods etc Please give details.
6. If you are receiving medical treatment (including tablets) at present please give details. Medicines to be taken on the trip must be clearly labelled with the child's name and dosage which should be handed to a teacher on the day of departure.
7. I give permission for my child to be given paracetamol YES/NO
8. I give permission for my child to have cream for bites/stings. YES/NO
9. Is your child able to swim? YES/NO Please circle WEAK/INTERMEDIATE/STRONG

**IN CASE OF EMERGENCY PLEASE SUPPLY THE NAME AND TELEPHONE NUMBER OF A PARENT OR GUARDIAN WHO CAN BE CONTACTED DURING THIS VISIT. (Please print clearly - thank you)**

Parent/Guardian Name .....

Daytime telephone No. .... Evening telephone No. ....

Address .....  
.....

***(Please complete both sides of this form)***