

CHARTERS SCHOOL
PARENTAL CONSENT FORM FOR OFF-SITE AND HAZARDOUS VISITS

PLEASE FILL IN ALL BOXES (PUTTING 'NOT APPLICABLE' WHERE RELEVANT)
 This form must be completed by the parent/carer if the participant is under 18 years of age,
 and by the participant if he/she is over 18 years of age

STUDENT NAME	TUTOR GROUP	DATE OF BIRTH	MALE/FEMALE
HOME ADDRESS			
FULL TELEPHONE NUMBERS IN CASE OF EMERGENCY	NAME OF PERSON	RELATIONSHIP TO PARTICIPANT	
1.			
2.			
3.			

Please give numbers for **at least 2 people** who will be available over the period of the trip. **First contact must be a parent/carer.**

It is vital that we have **up-to-date and accurate information** about the participant's health and any medications they are taking. Please give as much information as possible and alert the Trip Leader to any changes that may impact on the trip as soon as they occur.

ALLERGIES Please give details of any allergies the participant may have, eg: plasters, insect stings, penicillin, nuts etc		
MEDICAL CONDITIONS Please give details of any medical conditions for which the participant is receiving treatment OR which may affect their health during the trip or ability to take part in the activities. Please give details of any medical conditions, eg: diabetes, epilepsy etc		
MEDICATION Please give the names of any medication your child is taking including EpiPen	FREQUENCY & DOSAGE What do they take and how often?	PLEASE NOTE HERE IF THIS IS MEDICATION WHICH WILL NEED TO BE KEPT AND DISTRIBUTED BY STAFF
FURTHER INFORMATION Please give details of any other information we should be aware of in relation to the participant's health and well-being on this trip, eg: any disabilities, special needs information		
HAS THE PARTICIPANT HAD A TETANUS IMMUNISATION WITHIN THE LAST 10 YEARS? (usually as a pre-school booster)		YES / NO
NAME, ADDRESS AND TELEPHONE NUMBER OF GP		NHS NUMBER

*please advise of any infectious illness in the 4 weeks prior to departure

DOES THE PARTICIPANT REQUIRE A VEGETARIAN DIET? YES / NO	DETAILS OF ANYTHING THE PARTICIPANT CANNOT EAT FOR MEDICAL OR RELIGIOUS REASONS
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HOW FAR CAN THE PARTICIPANT SWIM?	DO YOU GIVE PERMISSION FOR THE PARTICIPANT TO TAKE PART IN SUPERVISED SWIMMING? YES / NO
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PHOTOGRAPHS: photographs will be taken during the trip, some of which will be used by the school in promotional documents and on the website unless you have informed the school otherwise.

STATEMENT

I acknowledge receipt of the information regarding the proposed activity to on and consent to the participant/myself named above, participating.

I agree to staff on the activity giving permission for the participant/myself to have any medical treatment that the medical authorities think necessary. I undertake to inform the school of any changes in the participant's/my fitness prior to departure. I have ensured, as far as I reasonably can, that the participant/I understand that it is important to safety that any rules and instructions given by the staff in charge are obeyed.

Signed: Date: Relationship to participant: