



PGL RESIDENTIAL CONSENT FORM

Private & Confidential

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed off site educational activity. It is also designed so that all information relating to your son/daughter's health and fitness can be assessed prior to the trip so that any necessary arrangements can be made to accommodate special needs.

PERSONAL DETAILS			
Child's Name:			
Date of Birth:	School Year:	Class:	Gender: Male / Female
Home Address including Postcode:			
Home Telephone No.:			
Mobile Number (Parent/Guardian's):			
Name of Parent/Guardian(s):			

ALTERNATIVE EMERGENCY CONTACT DETAILS
<i>We will only use them in the event that we cannot reach you via the details above</i>
Contact Name:
Contact Tel. No.:
Relationship to Child:

DETAILS OF PROPOSED ACTIVITY	
Place to be visited:	<i>Marchants Hill PGL Activity Centre,</i>
Contact Telephone No:	<i>01989 766051</i>
Main Activities during Visit:	<i>Various – see below</i>
Date & Time of Arrival:	<i>9th February 2008</i>
Date & Time of Departure:	<i>13th February 2008</i>

ACKNOWLEDGEMENT OF RISK
The activity poses additional risks to those that children might be expected to encounter during a normal school day. Whilst every care will be taken to effectively control and manage these risks, you need to be aware that the following risks exist: <i>Hypothermia, fall from height, slips, trips, falls, burns, cuts and abrasions, and being struck by fixed, stationary, or moving objects, stress.</i>

DETAILS OF PROPOSED ACTIVITIES & EQUIPMENT NEEDED			
Activities	Equipment	Centre to Provide	Parents to Provide
<i>Initiative Exercises / Orienteering / Night Line</i>	<i>Warm Clothing & Suitable Shoes</i>	<i>Activity</i>	<i>Warm Clothing & suitable Shoes</i>
<i>Archery / Fencing</i>	<i>Long-Sleeved Top & Personal Protective Equipment</i>	<i>Activity & Personal Protective Equipment</i>	<i>Long-Sleeved Top</i>
<i>Quad Biking / Mountain Biking</i>	<i>Long-Sleeved Top, Long Trousers, & Personal Protective Equipment</i>	<i>Activity & Personal Protective Equipment</i>	<i>Suitable Clothing</i>
<i>Zip Wire / Giant Swing / Parafan</i>	<i>Warm Clothing, Safety Harnesses & Personal Protective Equipment</i>	<i>Activity, Safety Harnesses & Personal Protective Equipment</i>	<i>Warm Clothing</i>
<i>Low Ropes / Climbing / Trapeeze / Abseiling / Jacob's Ladders</i>	<i>Warm Clothing, Safety Harnesses & Personal Protective Equipment</i>	<i>Activity, Safety Harnesses & Personal Protective Equipment</i>	<i>Warm Clothing</i>
Please name any activities your child may NOT participate in:			



MEDICAL DETAILS	
Does your Child have good eyesight?	YES / NO
Does your Child have good hearing?	YES / NO
Has your Child had any recent physical injury?	YES / NO
Does your Child suffer from any allergies to foods, medications, etc.?	YES / NO
Has your Child had a tetanus injection in the last 5 years?	YES / NO
Does your Child suffer from enuresis (bed-wetting)?	YES / NO
Does your Child have any special dietary requirements?	YES / NO
Is your Child currently receiving treatment for any condition?	YES / NO
Please give details of any special care your Child's health requires, any allergies, or any dietary requirements they have. Please also provide any information required, based on the answers you've given above	
Name of Doctor:	Surgery:
National Health Number:	Surgery Phone No.:

MEDICATION			
If your child takes any regular medication, please fill in the relevant information on the grid below.			
<i>Medication</i>	<i>Taken for...</i>	<i>Dosage</i>	<i>Frequency</i>

PARENTAL CONSENT	
<p>All participants are expected to behave in a responsible manner at all times during the educational activity. They must take direction from the staff on the trip and follow all instructions or guidance given. All participants must be aware that the reputation of the school is either enhanced or damaged by their behaviour both during the activity and when at leisure.</p> <p>I, being the parent/guardian of the Child named at the top of this form, give consent for him/her to attend the proposed activity. I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical professional present, should the need arise. I have informed the school of all medical conditions or treatments that he / she suffers from, or requires to maintain their health. I understand that all medicines brought by my Child must be labelled with full instructions for use. These and any spare inhalers must be given to the designated member of staff on the morning of arrival.</p> <p>I give my consent for School Staff to dispense, if necessary, common over-the-counter medicines to your child with due diligence. These medicines include things such as Paracetamol in all forms, Junior Basic Linctus, Basic Indigestion tablets, Basic Throat Lozenges, and Calamine Lotion.</p>	
Signed:	Date:
Name in print:	Relationship to Child: