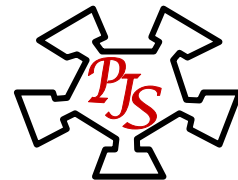


Priory Junior School Student Consent Form
Burwell House Year 4 2017



This form must be completed by the parent/carer and signed

Details and Date of Visit	Monday 12 th -Wednesday 14 th June 2017 Wednesday 14 th -Friday 16 th June 2017 Please highlight your pupils dates above.
Participant Name	
Address	
Home Telephone Number (include area code)	
Parent/Carer Name (block capitals please)	

Water Activities (please tick as appropriate)

My child is:	Able to swim 50 metres	
	Just water confident	
	NOT confident in the water	

Diet Declaration:

Please give detail of any relevant food requirements/allergies.

Other information:

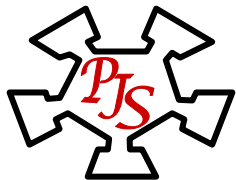
Please give detail below of any other information on your child relevant to the trip that you wish the school to be aware of.

Consent (please tick as appropriate)

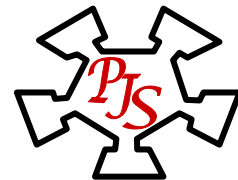
I am aware of the nature of the Burwell House residential programme that my child is about to take part in, and I understand that I can seek more detailed information by telephone/in writing from the school.

- ☐ I have told my child to pay particular attention to the staff giving advice on matters of safety, behaviour and general procedures.
- ☐ I give consent for my child to take part in all activities organised by the staff in connection with Burwell House.

Signed _____ Date _____



**Priory Junior School Student Emergency Contacts
and Medical Information**



This form must be completed both sides by the parent/carer and signed

Student's Full Name			
Age		Date of Birth	
Parent/Carer Name			
Address			
Home Telephone Number (include area code)			
Mobile Number			

Emergency Contact Numbers

Person's Name	Relationship to child	Home Number	Mobile Number	Work Number

Medical Information

Please provide further information regarding medical conditions that may be relevant, <i>e.g Allergies, Asthma, Diabetes, Epilepsy, Other</i>
Is your child currently taking any medication? <i>i.e. Antibiotics, Prescribed medication from the doctors</i>
Is there anything else that we need to be aware of? <i>e.g. Travel sickness, Sleepwalking, Bedwetting, etc.</i>

Details of Medication

Name of Medication	Dosage	To be taken when	Parent Initial	Teacher received medication from parent

Doctors Information

Name of Doctors Surgery	
Address	
Telephone Number	
Name of assigned Doctor	
NHS Number (This is essential encase of an emergency).	

In the event of a medical emergency every possible effort will be made to contact you using the details provided. If this is not possible, we request that you agree for your child to receive emergency medical treatment, decided upon by a doctor, if the situation arises. If you have any concerns, please contact the school.

I consent to my child receiving medical treatment in the event of an emergency. ☐

Signed _____ Date _____