Castle Camps C of E (VC) Primary School
Year 5&6 Visit to Kingswood, West Runton – 3rd – 5th June, 2015
Parent Consent Form

Child's Name _____

Full Postal Address _____

_____

Date of Birth _____

Parent/Guardian Names _____

Full Address _____
(if different from above)

_____

Telephone Numbers

Day _____

Evening _____

Mobile _____

Important Medical and Dietary Details

Name of Doctor _____

Telephone Number _____

Please give details of any medical conditions, allergies and current medication _____

_____

Is your child allergic to any medication? Yes / No If Yes, please give details

_____

Date of last tetanus injection _____

Please give details of any special dietary requirements _____

_____

Swimming Ability

Is your child able to swim 50 metres or more?	Yes	/	No
Cannot swim 50 metres but is water confident	Yes	/	No
Non-swimmer	Yes	/	No

Declaration

I hereby give permission for my child to participate in the activities described. I believe that the information provided above is correct and will notify the course organiser of any changes as soon as possible. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signature _____ Date _____