



# STANBRIDGE PRIMARY SCHOOL

## PARENTAL CONSENT FOR YEAR 4 CAMP OUT 2018

Dear Parents/Guardian

Please complete and return the form below which relates to the forthcoming visit for which you have already received details. The form gives your consent for your child to take part in this visit/activity.

SCHOOL, COLLEGE OR CENTRE – STANBRIDGE PRIMARY SCHOOL

VISIT TO: Y4 CAMP OUT –STANBRIDGE PRIMARY SCHOOL GROUNDS

FROM: (Date & Time): 14.05.18 Arrive at school at normal time for registration  
15.04.18 Pupils to be collected from classroom door at 1.30pm prompt

Company –Allnat School Camps

NAME OF CHILD:

DATE OF BIRTH:

### SPECIAL DETAILS

Any relevant information concerning your child's health requiring special attention but which does not prevent him/her taking part should be noted below. For example, does your child:

- Have any allergies including allergies to medication/animals?
- Take medication and if so what is the dosage required?
- Experience travel sickness?
- Have diabetes, asthma or epilepsy?
- Heart conditions

Please specify:

Has your child been in contact with any contact with any contagious/infectious disease or suffered from any illness in the last 4 weeks that may be or become contagious or infectious? If YES give brief details.

Does your child have any specific dietary requirements?

PTO

<p>Do you have any additional comments?</p>
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1. I would like my son/daughter to take part in the above mentioned visit or activity.
2. I consent to any emergency medical & dental treatment as considered necessary by the medical authorities (including anaesthetic) required by my child during the visit.
3. I confirm that my child is in good health and I consider him/her fit to participate and acknowledge the need for obedience and responsible behaviour on his/her part.
4. I undertake to inform the coordinator/head as soon as possible of any change in the medical circumstances between the date signed and the start of the visit.
5. I give permission for my child to apply their own sun cream as and when necessary.

SIGNATURE OF PARENT/GUARDIAN:.....DATE.....

NAME OF PARENT/GUARDIAN.....  
 ADDRESS.....  
 .....POSTCODE:.....

TEL NO (HOME).....MOB.....

IF NOT AVAILABLE, ALTERNATIVE CONTACT:

NAME.....

ADDRESS.....  
 .....

TEL NO (HOME).....MOB.....

NAME, ADDRESS AND TEL NUMBER OF FAMILY DOCOTR:

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 .....  
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APPROXIMATE DATE OF LAST TETANUS INJECTION.....