



Stour Valley Community School
 Cavendish Road, Clare
 Suffolk CO10 8PJ

01787 279342
 info@stourvalley.org
www.stourvalleycommunityschool.org

Headteacher Mrs Rachel Kelly BA (Hons)

PARENTAL CONSENT: YEAR 7 SUMMER CAMP 24-26 MAY 2023

Please ensure all white boxes are completed and accurate.

PLEASE RETURN THIS FORM TO VISIT LEADER BY Friday 21 April 2023

Full Name of Student			Date of Birth:
Person to contact during the visit			
Relationship to the student			
Address			
Telephone	Home:	Mobile:	
Alternative Contact			
Relationship to the student			
Address			
Telephone	Home:	Mobile:	
Doctor's Name and Address			
Doctor's Telephone Number			
Medical Conditions			
Would you like to talk to Miss Duffy or Mr Craig in more detail about your child's medical condition?	Yes / No		

Specific dietary requirements – eg allergies, vegetarian	Yes / No (please circle) If yes, please detail:
Would you like to talk to Miss Duffy or Mr Craig in more detail about your child's dietary requirements?	Yes / No (please circle)
Can Paracetamol be given to your child if thought necessary?	Yes / No (please circle)
Can antihistamine be given to your child if thought necessary?	Yes / No (please circle)
Date of last tetanus injection?	

Declaration

I agree to my child, named above, taking part in the Year 7 Summer Camp and the activities described in the Information booklet.

I acknowledge the need for my child to behave responsibly throughout the visit.

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

I will inform the visit organiser as soon as possible of any changes in medical or other circumstances.

I understand it is my responsibility to provide accurate information within this consent form.

Signed: _____ (parent/carer) Date: _____

Print Name: _____