

22 April 2025

Parental Consent: Year 7 Summer Camp 4-6 June 2025

Please ensure all white boxes are completed and accurate.

Please return this form to the visit leader by Friday 2 May

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 Mr Craig in more detail about your child's medical condition?	Yes / No		

Specific dietary requirements – e.g. allergies, vegetarian	Yes / No (please circle) If yes, please detail:
Would you like to talk to Mr Craig in more detail about your child's dietary requirements?	Yes / No (please circle)
May paracetamol be given to your child if thought necessary?	Yes / No (please circle)
May 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 understand that if the need arises, I will be available to transport my child to A&E or to meet a staff member at the nearest relevant medical location.

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.

Parent/Carer Signature: **Date:**

Parent Carer Name (print):

