



STOUR VALLEY
— COMMUNITY SCHOOL —

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

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www.stourvalleycommunityschool.org

Headteacher Mrs Rachel Kelly BA (Hons)

PARENTAL CONSENT: YEAR 7 SUMMER CAMP 22–24 MAY 2024

Please ensure all white boxes are completed and accurate.

PLEASE RETURN THIS FORM TO VISIT LEADER BY FRIDAY 15 MARCH 2024

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 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:

Student Name: Tutor Group:

