



# Chantry Community Primary School

## Parental Consent Form PGL Windmill Hill

9<sup>th</sup> – 11<sup>th</sup> September 2019

Please complete the consent form to allow your child\_\_\_\_\_to participate on the above trip.

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I have received and understood information relating to the nature of the visit and the activities being undertaken. I agree that he/she can participate in all the activities mentioned. I have informed the visit leader of those I do not wish them to participate in.

I have discussed the behaviour code for the visit with my child and ensured that they have understood the importance of following instructions for their own and other safety.

I understand that, while the school staff and helpers in charge of the group will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising, during or out of the journey.

My child has: (\*Delete as applicable)

- No illness, allergy or physical disability\*
- The following illness, allergy, physical disability and/or medication

.....  
.....  
.....  
.....

Pre-existing conditions: ESCC insurance may not cover claims for pre-existing conditions – whether long term, e.g epilepsy, or short term, e.g a broken leg – unless it can be shown that GP consent to travel has been obtained and conditions of travel have been met. Consent **does not** have to be written, it can be verbal. By signing parental consent forms, parents are agreeing to this condition and confirming it has been met.

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Doctors Name..... Surgery.....

Telephone.....

I consent to any emergency medical treatment necessary during the course of the visit.

I consent/do not consent to my child being given Ibuprofen if required (\*Please delete as appropriate).

Parent/Carer signature.....

**Contact information**

Emergency Contact 1:                      Name.....  
   Address.....  
   Telephone.....  
   Relationship to child.....

Emergency Contact 2:                      Name.....  
   Address.....  
   Telephone.....  
   Relationship to child.....

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**Swimming ability: (delete as appropriate)**

My child is a: Confident swimmer/Weak swimmer/Non swimmer

Additional information.....  
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**Consent for using images:**

During our visit we are likely to take pictures and videos to celebrate the children's achievements, which we may use for educational purposes: in class, for displays, presentation to parents and other school documents e.g. newsletters, as well as on our website and Facebook page.

Yes/ No (delete as appropriate)

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**Other information:**

Special dietary needs (e.g. vegetarian/allergies).....  
(Not just dislikes)

Please provide details of anything else that you feel we should know ie bed wetting/fear of heights etc .....

**I have completed the form to the best of my knowledge, if any information changes prior to the visit taking place I will inform the school immediately and if required seek medical consent from our GP.**

**Parent /Carer signature.....                      Date .....**