

PARENTAL CONSENT FORM

THIS FORM TO BE COMPLETED IN FULL BY THE PARENT/GUARDIAN

1. Name of pupil ..... Form .....

Educational Visit to ...WILDSIDE ACTIVITY CENTRE ,HORDERN RD, WOLVERHAMPTON, WV6 0HA SEPTEMBER 9th 2016

2. Medical Information

a) Does your child have any medical conditions or any allergies? If yes, place give details of medication that may be required during this trip.

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b) Please advice any special dietary requirements. (NOTE Students need to bring a packed Lunch, unless FSM)

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c) Please state which pain/flu medication should child may be given if necessary.

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d) Date of your child's last tetanus injection.

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e) Do you give permission for your child to be administered with medication if required. YES/NO

2. Contact Information

Primary contact name ..... Relationship to pupil .....

Address .....

Telephone nos. Home ..... Work/mobile .....

Alternative contact

Name ..... Relationship to pupil .....

Address .....

Telephone nos. Home ..... Work/mobile .....

Doctor

Name .....

Address .....

Telephone no. ....

- IT IS VITAL THAT THIS INFORMATION IS CLEAR AND ACCURATE AND UP-TO-DATE

I consent to my child taking part in the Wildside Activity Centre Activities. I understand that my child will be dismissed from the Centre and their transportation to and from the Centre will not be the responsibility of King's School.

Parent/guardian signature .....

Date .....