



St. Mary's C. of E. Primary School
Lansdown View, Timsbury, Bath, BA2 0JR

RESIDENTIAL CONSENT, HEALTH/MEDICAL FORM

PGL OSMINGTON BAY
Monday 9th - Friday 13th July 2018

Full name of child:	
Date of Birth:	
Address:	
Emergency Contact Details (name, relationship to child and contact numbers):	
Day Time	Evening
1.	1.
2.	2.
General Practitioner (GP) details	
Name:	
Address:	
Surgery phone number:	
Child's National Health Service number:	

Medical Information

Does your child have a medical condition requiring on-going medication / treatment (please tick appropriate box below)?

Yes

No

If yes, please provide details:

Medication to be taken by my child whilst on the residential visit:

Name of medication	Dosage to be administered	Time medication should be given
1.		
2.		
3.		
4.		

Is your child allergic to any medication, food or other substance?

Yes

No

If yes, please provide details and state emergency treatment:

Is there additional information that adults leading the expedition should be aware of such as injuries/illnesses your child is prone to, infectious diseases they have been in contact with within the last month, bedwetting, phobias, anxieties, nightmares etc.?

If yes, please provide details:

OSMINGTON BAY ACTIVITY INFORMATION REQUEST

PGL staff request details of swimming and cycling ability before allocating group activities.

My child can swim 25 m or more Yes/No

My child cannot swim 25 m but is water confident Yes/No

My child is a non-swimmer Yes/No

My child can ride a bicycle Yes/No

I have received and read details of the above visit. I consent to my child taking part in the visit and the activities involved; and for school staff to administer the medication/s I have detailed on this form in accordance with my written instructions.

I consent to my child receiving emergency medical treatment, which might involve the use of anaesthetics and blood transfusions. I understand, however, that the party leaders will do their utmost to contact me prior to any such decision.

I further consent to my child travelling by any form of public transport and/or in a motor vehicle driven by a suitably qualified adult member of the party, with suitable business insurance.

I understand and accept that school journeys and educational visits are an extension of school activities and that, as such, arrangements for care, supervision and discipline will be in accordance with those policies laid down by the school and evidenced in the current practice of the school. I also understand and accept that the school, through its party leaders, will at all times take reasonable care of my child. If my child has an accident, I agree that any medical costs which arise from necessary treatment will be reimbursed by me. Neither the school, nor their representatives can be held liable for any loss of personal effects or money. PGL fees also incorporate insurance cover. Details can be provided on request.

I agree to reinforce the need for my child to follow the school's code of behaviour.

Should any of the information provided on this form change prior to departure, I will notify the course organiser, Mr Webb, in writing, as soon as possible.

Signed Parent/Carer _____ Date _____

Please return completed form to the school office by Thursday 17th May 2018