

Parental Consent Form (overnight stay)

Name of school: **Winwick CE Primary School**

For journeys away from the school site lasting for up to one day (or longer) and including overnight stays.

To the Executive Headteacher,

I have received and read the information the school has provided for me outlining the proposed visit to **DELAMERE RESIDENTIAL CENTRE**. I understand the reasons for the visit and the nature of the activities to be undertaken.

I am allowing my permission for the teacher in charge to sign on my behalf any forms of consent required by the hospital of my son/daughter* being ill or injured during the course of the journey or stay to the extent that a surgical operation of serum injection becomes necessary, provided the delay required to obtain my own signature might be considered likely in the opinion of the doctor or surgeon concerned to endanger my son's/daughter's* health or safety.

I understand that during the period of the activities away from the school base my son/daughter* will be under your supervision or under the supervision of the appointed members of staff.

Signed: _____ Parent/Guardian

Address: _____

Tel No: Home _____ Mobile _____

Work _____ If not available at above, please contact:

Name: _____ Tel: _____

Address: _____

Name, Address and Telephone Number of family doctor: _____

Is there any other information which school should be aware of? E.g. suffers from vertigo, claustrophobia or is frightened of the dark, bed wetting, etc

Signed _____ Parent/Guardian Date: _____

***Delete as necessary**

PTO

Medical Information

Please complete the medical questionnaire for your son/daughter*

1. Has your child been immunised against tetanus in the last five years?
(please given date if known) Yes/No

2. Is your child sensitive to penicillin? Yes/No

3. Does your child suffer from fainting attacks or blackouts? Yes/No

4. Does your child suffer from epilepsy? Yes/No

5. Does your child suffer from any allergy, asthma or hay fever?
If YES, does your child take any medication for the condition? If so, detail below. Yes/No

6. Does your child suffer from diabetes? Yes/No

7. Does your child suffer from ear trouble? Yes/No

8. Does your child suffer from any illness, and/or injury not mentioned above?
If yes, please give details including any infectious/contagious illness in the last three months and details of other recent illness/injuries or physical disabilities.

9. Are your child's teeth in good condition? Yes/No
If you are not sure, please get your dentist to check your child's teeth on a regular basis.

10. Is your child on any sort of medical treatment at the present time? Yes/No
Is this treatment self-administered? If YES, please give details. Yes/No

Name of medicine _____

How often taken? _____

11. Please indicate any special dietary requirements due to medical, religious or moral reasons.

12. Does your child suffer from travel sickness? Yes/No

13. Does your child suffer from incontinence problems? Yes/No

14. Does your child wet the bed occasionally? Yes/No

15. Can your child swim? Yes/No How far? _____

16. Are there any activities in which your child may not participate? Please give reasons: _____
