



**Parental Consent Form – CONSENT & EMERGENCY CONTACTS - Residential Visit**

**Child's Name:** \_\_\_\_\_

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

To the Headteacher,

I have received and read the information the school has provided for me outlining the proposed visit to **Conway Residential.**

I understand the reasons for the visit and the nature of the activities to be undertaken. I give permission for my child (**ADD NAME**) \_\_\_\_\_ to attend the residential visit.

**I give my permission for the teacher in charge, acting in loco-parentis, to sign on my behalf any forms of consent required by the hospital for my child being ill or injured during the course of the journey or stay, to the extent that a surgical operation and/or injection/administering of medication 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 child's health or safety.**

I understand that during the period of the activities away from the school base my child will be under the supervision of appointed members of staff from Winwick CE Primary School and that adventurous activities will be led by trained members of staff from the Residential Centre.

**Signed:** \_\_\_\_\_ **Name:** \_\_\_\_\_ (Parent/Carer)

**Date:** \_\_\_\_\_ **Child's Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact 1**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Extension (if applicable) \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Extension (if applicable) \_\_\_\_\_

**Emergency Contact 3**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Numbers - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Extension (if applicable) \_\_\_\_\_



**Parental Consent Form – ADDITIONAL INFORMATION – Residential Visit**

**Child's Name:** \_\_\_\_\_

**Dietary Needs**

Does your child have any **allergies**? Yes / No\*

If YES, please give details:

---

---

Please indicate any **special dietary requirements** due to medical, religious or moral reasons:

---

---

---

**Additional Information**

Does your child suffer from **travel sickness**? Yes/No\*

If YES, do they take medication/have other aids to help them with this? (e.g. travel sickness bands)

---

---

Does your child suffer from **incontinence problems**? Yes/No\*

If YES, please provide details of how your child is supported with this and ensure resources are provided for the visit (e.g. pull-ups). You will also need to liaise with a member of staff prior to the visit to review the Care Plan.

---

---

Does your child **wet the bed occasionally**? Yes/No\*

If YES, please provide additional pyjamas/wet wipes for your child, just in case.

Can your child **swim**? Yes/No\*

If YES, how far can they swim? (e.g. 25m, 50m, 100m): \_\_\_\_\_

Is your child **confident in water**? Yes/No\*

Are there any **activities that your child CANNOT participate in**? If so, please state which ones and give reasons:

---

---

---

Signed : \_\_\_\_\_ (Parent/Carer)      Date: \_\_\_\_\_



## Parental Consent Form – MEDICAL INFORMATION – Residential Visit

Child's Name: \_\_\_\_\_

### Doctor's Information

Name of Doctor: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Medications

I understand that I MUST COMPLETE a **school medication form** for any medication my child may need while on the residential visit and that this, along with the medication and any equipment needing for administering said medication, must be handed to the appointment member of staff by the morning of the residential.

Signed (Parent/Carer): \_\_\_\_\_ Name: \_\_\_\_\_

### Current Medication

Is your child on any sort of **medical treatment at the present time?** Yes/No

If YES, please give details: \_\_\_\_\_

Is this treatment **self-administered?** Yes/No

If YES, are they able to administer this themselves correctly? Yes/No




Name of medicine: \_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

Dose taken and frequency of taking medication: \_\_\_\_\_

### Additional Medication Permissions

I understand that, should my child become unwell during the visit, I give permission for the following medication to be administered, which the school will have with them during the residential:

 e.g. Piriteze 6yrs +	Medication to ease symptoms, e.g. hayfever, skin allergies, pet allergices, mould spore allergies, house dust mite allergies.  e.g. administering dose of Piriteze, following recommended guidelines.	 e.g. Calpol Paracetamol 6yrs+	Medication to ease a range of symptoms, e.g. high temperature/fever, cold, ear ache, toothache, headache, sore throat.  e.g. administering dose of Calpol Six Plus Paracetamol, following recommended guidelines.	 e.g. Factor 50 Sun Cream	If your child has not brought sun cream with them, or has but needs a top-up during the day/own runs out, school will have a supply of factor 50 sun cream.
Permission to administer given: Signed (parent/carer):		Permission to administer given: Signed (parent/carer):		Permission to administer given: Signed (parent/carer):	

*\*Delete as necessary*

PTO



**Parental Consent Form – MEDICAL INFORMATION – Residential Visit**

Child's Name: \_\_\_\_\_

**Medical Information Questionnaire**

Please complete the medical questionnaire for your child; delete as necessary\*:

- 1. Has your child been immunised against **tetanus** in the last five years? Yes/No\*  
If YES, please given date (if known): \_\_\_\_\_
- 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\*  
If YES, please detail if your child takes any medication for the condition?  
\_\_\_\_\_  
\_\_\_\_\_
- 5. Does your child suffer from any **allergy, asthma or hay fever**? Yes/No\*  
If YES, please state which one and note below if your child takes any medication for the condition?  
\_\_\_\_\_  
\_\_\_\_\_
- 6. Does your child suffer from **diabetes**? Yes/No\*  
If YES, please detail if your child takes any medication for the condition?  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Does your child have a **disability**? Yes/No\*  
If YES, please give details;  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Does your child suffer from **any illness, and/or injury not mentioned above**? Yes/No\*  
If YES, please give details including any infectious/contagious illnesses in the last three months and details of other recent illnesses/injuries or physical disabilities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Does your child suffer from **ear trouble**? Yes/No\*  
If YES, please give details;  
\_\_\_\_\_  
\_\_\_\_\_
- 10. 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.  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed : \_\_\_\_\_ (Parent/Carer)      Date: \_\_\_\_\_

\*Delete as necessary