



PARENTAL CONSENT FORM

Childs Full Name:	
Date of Birth:	

Does the above person: <ul style="list-style-type: none">• Have a medical condition requiring medical treatment or medication?• Have an allergy to certain medications? Is he/she able to administer his/her own medication if necessary? Please give details of medical condition/treatments or allergies to medications below:	Y/N Y/N Y/N
If your child requires medication, a 'Request for School to Administer Medication' form needs to be completed and attached. (Form can be downloaded from our website or obtained from the School Office.)	
Has he/she received a tetanus injection in the last 5 years?	Y/N
Does he/she have any special dietary requirements? If yes, give details:	Y/N
I wish to draw the following to the Group Leader attention (e.g. allergies, phobias, travel sickness, toileting difficulties, sleep walking, recent operations or treatments, other conditions which may affect fitness to participate in certain activities):	

EMERGENCY CONTACT INFORMATION

	MAIN	ALTERNATIVE
Name: Relationship:		
Address:		
Telephone Numbers: Day: Evening: Other:		

FAMILY DOCTOR DETAILS

Name: Address:
Telephone Numbers:

DECLARATION: I declare that I am the legal parent or guardian of the above child and I give consent for my child to be included in the following:

- | | | | | | |
|-----------------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|
| School trips | <input type="checkbox"/> | Internet access | <input type="checkbox"/> | Photograph student | <input type="checkbox"/> |
| Sex Education
(yr 5 & 6) | <input type="checkbox"/> | Place of worship | <input type="checkbox"/> | Newspaper | <input type="checkbox"/> |

I understand that where I have indicated that my child's photograph or video image may be used, this will be for school and curriculum purposes only and may be used for displays, promoting a positive image of the school, newsletters, website, press releases etc., and that my child's name will not be included in published images.

The school will use this information throughout the year. Please inform the school as soon as possible of any changes

Name in Capitals:	Signed:
Relationship to child:	Date: