



Warbstow C.P. School

Warbstow Community Primary School  
Warbstow, Launceston, Cornwall, PL15 8UP  
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Headteacher: Mrs D Dyer

## **PARENTAL CONSENT FORM**

**Details of Visit:** Weekly trip to Phoenix Leisure Centre in Launceston for Swimming Sessions

**Date:** Friday mornings – please see newsletter for specific dates

**Name of Pupil:** \_\_\_\_\_

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

\_\_\_\_\_

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

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Emergency Contact Name, Address and Telephone Number (if different from above):** \_\_\_\_\_

\_\_\_\_\_

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

### **Medical Information**

**Has your child been in contact with any infectious illnesses in the last three weeks?**

Yes No

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

\_\_\_\_\_

**Does your child suffer from any serious illness or disability, eg, epilepsy, diabetes, asthma, migraines, etc.?**

Yes No

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

\_\_\_\_\_

**Is your child allergic to anything (eg, antibiotics, penicillin, Elastoplast, aspirin, nuts, etc.)?**

Yes No

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

\_\_\_\_\_

**Does your child suffer from any conditions requiring medical treatment or medication?**

Yes No

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

\_\_\_\_\_

**When was the last time your child received a tetanus injection?**

Date received \_\_\_\_\_ Don't know

**Does your child have any special dietary requirements?** Yes No

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

My child is able to swim 25m Yes/No

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

**Address of doctor:** \_\_\_\_\_  
\_\_\_\_\_

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

Please detail any further information which you believe the staff should be aware of. Particular consideration should be given to asthma, diabetes and epilepsy and anything that may affect their ability to take part in weekly swimming sessions, ie, eczema, foot infection, etc.

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

- I have read the information provided and agree to my child taking part in the above activities.
- I acknowledge the need for them to behave responsibly at all times. I understand that, should he/she fail to behave to the satisfaction of the trip's Team Leader I shall make personal arrangements for his/her early return.
- I understand that the staff responsible for the activities will take all reasonable care of the participants.
- I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf any written form of consent required by the medical authorities should medical treatment be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the medical expert present, likely to endanger my child's health or safety. **PLEASE NOTE:** We will always call for parental permission when possible.
- I consent to my child travelling in a motor vehicle driven by a member of staff, coach or minibus company or other adult in accordance with associated LEA guidance to travel to the venue and in case of an emergency.

**Signed** \_\_\_\_\_ **Parent/ Guardian**

**Date** \_\_\_\_\_