

PARENTAL CONSENT FORM

CONFIDENTIAL



1	Description of Activity	Enrichment Week 2024: Swimming at Cotswold Country Park Aquaventure and mini golf at Cotswold Country Park Watersports at Lake 32 Outdoor Centre Survival Skills at Cirencester Park STEMworks activity at Deer Park Trip to St Fagans National Museum of History - Cardiff	
2	Date & Venue of Activity	Mon 1 st July – Fri 5 th July 2024	
3	Name of Child		
4	Address		
	Emergency Tel No.		
5	Age		Date of Birth
6	Alternative Address & Telephone No (if applicable).		
7	Personal Information: Please answer every question and give details requested below when relevant		
A	Does your child suffer from migraine, epilepsy, diabetes, bad period pains or any other illness or disability? YES/NO If yes, give details		
B	Is your child allergic to anything (eg antibiotics, Elastoplast, aspirin or any such medicines, any particular food etc)? YES/NO If yes, give details		
C	Is your child actively sensitive to penicillin? YES/NO If yes, give details		

D	Is your child receiving any medical treatment at present? YES/NO If yes, give details
E	Date of last anti-tetanus injection
F	Is your child a competent swimmer who can swim* with or without a buoyancy aid? YES/NO *Please note for Aquaventure children will be expected to swim to and from the inflatables, approximately 50 metres. Instructors and lifeguards may decide to withdraw your child if they cannot swim confidently at the start of the activity.
G	If your child can swim, do you consent to your child taking place in water-based activities? YES/NO
H	Name & Address of own Doctor:

8 **PARENTAL CONSENT:**

i	I agree to my child taking part in the above activities (section 1)
ii	I understand that the staff responsible for the activities will take all reasonable care of participants.
iii	I understand that my child may be sent home or excluded from trips and activities for misbehaviour, endangering others or ignoring staff and/or group leaders' instructions. In the event of my child having to be sent home due to misbehaviour or illness I agree to collect them from the location of the trip if asked to do so.
iv	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 hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature (Please print your name alongside your signature)
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9	Please return this form to your child's tutor by Monday 20th May 2024
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Data Protection Act: the information being collected on this form will only be used for the purpose of school administration of visits and journeys under Department of Education and Skills guidelines. The data will not be disclosed to any external sources other than in an emergency, or to the Local Education Authority, without your written consent.