



# CHARLTON SCHOOL

*Providing an environment in which all students can succeed,  
with learning at the heart of all we do.*



**Principal: Mr A McNaughton**

## PARENTAL CONSENT FORM FOR A RESIDENTIAL VISIT

**Name of Child:** \_\_\_\_\_ **Tutor group:** \_\_\_\_\_

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

**1. Details of Visit to:** \_\_\_\_\_

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

### 2. Contact telephone numbers:

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Home address:

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Alternative emergency contact:

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

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

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Name of Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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### 3. Medical Information about your child:

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

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**Apley Avenue, Wellington, Telford, TFI 3FA**

Tel: 01952 386800 Fax: 01952 386805

E-mail: [school@charlton.uk.com](mailto:school@charlton.uk.com) [www.charlton.uk.com](http://www.charlton.uk.com)

b. Please outline any special dietary requirements of your child:

\_\_\_\_\_

c. Please state the type of pain medication your child may be given if necessary:

\_\_\_\_\_

d. Is there any other information that we need to know about your child. (e.g. sleepwalking, fear of heights etc).\_\_\_\_\_

f. Is your son/daughter allergic to any medication? YES/NO  
If YES, please specify:

\_\_\_\_\_

g. When did your son/daughter last have a tetanus injection?

\_\_\_\_\_

Photographs/videos of your child may be taken and used immediately for event publicity purposes (e.g. social media, school facebook page, school website etc.)  
If you **DO NOT** wish for this to happen, please place a cross in the box.

I will inform the Party Leader as soon as possible of any changes in my son/daughter's medical or other circumstances between now and the commencement of the journey (For example, any injury, or if your son/daughter is in contact with any contagious or infectious diseases, or suffers from anything in the four weeks prior to the visit that may be contagious or infectious).

#### 4. Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

- I agree to my child taking part in this visit and have read the information sheet.
- I agree to my child's participation in the activities described.
- I acknowledge the need for him/her to behave responsibly.

**Note: Any qualifications or conditions imposed by 'parents' upon their consent may be such to cause the Headteacher to have to decide that they cannot allow the child to participate in the educational visit concerned)**

Signed:\_\_\_\_\_

Date:\_\_\_\_\_

Parent / Carer

Full Name (capitals):\_\_\_\_\_

**THIS FORM OR A COPY MUST BE TAKEN BY THE PARTY LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE SCHOOL HOME BASE EMERGENCY CONTACT.**