



CHARLTON SCHOOL

*Taking PRIDE in progress and partnership,
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: Pioneer Centre, Cleobury Mortimer

From: Wednesday 2nd October to Friday 4th October 2019

2. Contact telephone numbers:

Work: _____ Home: _____

Home address:

Alternative emergency contact:

Name: _____ Telephone Number: _____

Address: _____

Name of Family Doctor: _____ Telephone Number: _____

Surgery Address: _____

3. Medical Information about your child:

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

If YES, please give brief details:

Apley Avenue, Wellington, Telford, TFI 3FA

Tel: 01952 386800 Fax: 01952 386805

E-mail: school@charlton.uk.com 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?

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.

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.

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

Signed: _____
Parent / Carer

Date: _____

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.