

SCHOOL JOURNEY CONSENT/ MEDICAL FORM

Child's Name:..... **DOB:**..... **Class:**.....

DETAILS OF JOURNEY

To: PGL Windmill Hill
Dates: Monday 3rd – Friday 7th March 2025

I agree to my child taking part in the above visit and agree to any or all of the proposed activities during the visit.

I have ensured that my child understands that it is most important for their own safety and the safety of the whole group that rules and instructions given by the staff in charge are obeyed.

I accept that if my child fails to behave in accordance with the code of conduct that they may need to be returned home, accompanied by the parent, in advance of the whole group, and that I will be required to bear the cost of this. I will also be responsible for the cost of any damage caused by my child which is not covered by the School's insurance.

I will inform the school if my child comes into contact with any contagious diseases within 48 hours of departure.

MEDICAL INFORMATION

Does your child suffer from any medical conditions which require medical treatment, including medication?

YES / NO

If yes, please give brief details:.....
.....
.....

Is your child allergic to any medication?

YES / NO

If yes, please give brief details:.....
.....

Date of last Tetanus injection:

SWIMMING INFORMATION

There is a small shallow lake on site. For all the activities on the lake your child will wear a life jacket and helmet.

Is your child able to swim 25 metres? Please indicate below:

YES – confidently

YES – but not confident

NO

DIETARY REQUIREMENTS

Please outline any specific dietary allergies your child has:

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Please outline any specific dietary intolerances your child has:

.....

Is your child vegetarian, vegan or halal?

.....

CONTACT DETAILS

Name of Parent/Carer:.....

I may be contacted on the following numbers:

Daytime:..... Evening:..... Mobile:.....

My home address is:.....

.....

EMERGENCY CONTACT DETAILS

If parents/carer not available

Contact name

Daytime:..... Evening:..... Mobile:.....

Address :.....

.....

DETAILS OF FAMILY DOCTOR

Name:..... Telephone Number:.....

Surgery:.....

DECLARATION

I undertake to inform the Headteacher as soon as possible of any change in medical circumstances between the date this document was signed and the commencement of the journey.

I agree to my child receiving medication as instructed and to any emergency dental or medical treatment including anaesthetic as considered necessary by the medical authorities present.

I agree to my child being administered Calpol should the need arise (eg headache)

I do not agree to my child receiving the following medical treatment:.....

.....

I give permission for my child to participate in the activities at Windmill Hill. I believe the information provided above is correct and will inform you of any changes.

I understand that insurance cover has been arranged (Please see School Office for further information).

Signature of Parent/Carer:..... Date:.....