



Hathern C of E Primary School

Headteacher: Stephen Dunn

Pasture Lane, Hathern, Loughborough, Leicestershire LE12 5LJ

Tel: 01509 842569 Fax: 01509 843913

web: www.hathern.leics.sch.uk email: admin@hathern.leics.sch.uk

PARENTAL & MEDICAL CONSENT FORM



The group leader must take this form (or a copy) on the activity

1 Details of Visit:

Visit to:

PGL, Boreatton Park, Baschurch,
Shrewsbury, Shropshire

From (date & time):

Monday 6th Sept 2021
10.00am (approx)

To (date & time):

Friday 10th Sept 2021
3.30/3.45pm (approx)

I agree to my son / daughter:

Full Name

Date of Birth

Taking part in the above-mentioned visit and, having read the information sheet, agree to his/her participation in the activities described. Having read the information sheet, I declare my child to be in good health, to have clearance to attend the visit from a medical practitioner if suffering from an existing medical condition and to physically able to participate in all of the activities mentioned. I acknowledge the need for good conduct and responsible behaviour on his/her part.

2. Medical Information about your Child:

- (a) Does your son / daughter suffer from any conditions requiring medical treatment, including medication? **Please note that students with existing medical conditions must have clearance to attend the visit from a medical practitioner.**

YES / NO

If yes, please give brief details:

- (b) To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

YES / NO

If yes, please give brief details:

(c) Is your son/daughter allergic to any medication?

YES / NO

If yes, please give brief details:

| |
|--|
| |
|--|

(d) When did your son/daughter last receive a tetanus injection?

| |
|--|
| |
|--|

(e) **Please outline any special dietary requirements of your child: eg, food allergies.**

| |
|--|
| |
| |

I will inform the group leader/ Headteacher as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

3. Insurance Cover

I understand that the visit is insured in respect of legal liabilities (third party liability) and personal accident cover is advised in the Summary referred to below.

I understand that the school has Insurance cover arranged through Leicestershire County Council for School Trips/Off-Site Activities. Additional insurance is provided by PGL through Fogg Travel Insurance Services Ltd, underwritten by URV, which includes Personal accident cover upto £25,000. See the PGL Parent guide/website for summary details.

I also understand that any extension of insurance cover is my responsibility unless advised differently by the organiser of the visit.

4. Emergency Contacts

I may be contacted by telephoning the following numbers (please include **all** persons with legal responsibility for the young person):

Name:

| |
|--|
| |
|--|

Tel. Home:

| |
|--|
| |
|--|

 Work:

| |
|--|
| |
|--|

 Mobile:

| |
|--|
| |
|--|

Name:

| |
|--|
| |
|--|

Tel. Home:

| |
|--|
| |
|--|

 Work:

| |
|--|
| |
|--|

 Mobile:

| |
|--|
| |
|--|

Name:

| |
|--|
| |
|--|

Tel. Home:

| |
|--|
| |
|--|

 Work:

| |
|--|
| |
|--|

 Mobile:

| |
|--|
| |
|--|

Name:

| |
|--|
| |
|--|

Tel. Home:

| |
|--|
| |
|--|

 Work:

| |
|--|
| |
|--|

 Mobile:

| |
|--|
| |
|--|

Please complete all questions and return the form to school asap. Many thanks

My home address is:

| |
|--|
| |
| |
| |

If not available at above, please contact:

Name:

| |
|--|
| |
|--|

Tel. No.:

| |
|--|
| |
|--|

Address:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Name, address and telephone number of family doctor:

| |
|--|
| |
|--|

| |
|--|
| |
|--|

| |
|--|
| |
|--|

5. PGL Relevant information

- Is your child able to swim 25 metres or more? Yes / No
- Is your child unable to swim 25 metres but is confident in water? Yes / No
- Is your child unable to swim? Yes / No

6. Declaration

- I have read the information provided to Parent/ Carers by the school about the proposed visit and the insurance arrangements.
- I have noted where and when the youngsters are to be returned and I understand that I am responsible for getting my child home safely.
- I am aware of the levels of insurance cover.
- I will ensure that any change in circumstances which will affect my child’s participation in the visit will be notified to the organiser/ Headteacher prior to the visit.
- I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic and blood transfusions as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed:

| |
|---|
| (Parent / Carer with legal responsibility for the young person) |
|---|

Name:

| |
|----------------|
| (Please print) |
|----------------|

Date:

| |
|--|
| |
|--|