



Stackpole for Outdoor Learning
Ystafbwl Dysgu Awyr Ag-

PARENT/GUARDIAN CONSENT AND MEDICAL INFORMATION FORM 2018

The information requested below will be used by Stackpole education staff to ensure that any special requirements that your child might have will be taken into consideration during activities to ensure your child's safe and full participation. Some of this information is needed to meet Health & Safety legislation. All information will be treated as confidential and forms will be destroyed at the end of the visit. Please complete the form as fully as possible.

Name of School: Bishop Loveday CE Primary

Visit dates: from to.....

Participant's Name: _____

Address: _____

Telephone Number: _____

Date of birth: _____

Please give details of any illness, injury or disability that might possibly affect the participant's performance or safety during the week e.g. asthma, hay fever, allergies, epilepsy, diabetes etc.:

Is your child currently undergoing medical treatment? Please give details and indicate if they have been in contact with any infectious condition during the month prior to the visit.

Please indicate the following for your child:

Date of last tetanus injection: _____

Name, address & telephone number of family doctor: _____

NHS number: _____

Does your child suffer from enuresis (bed wetting)?: _____

Does your child have any special dietary requirements? _____

✿ May we use photos of your child for display and information purposes? YES / NO

✿ Swimming Ability/water confidence. _____

✿ Cycling ability - Please tick one of the 3 statements so we can prepare an inclusive cycling session for all abilities:

Confident bike riding on rough terrain _____

Able to ride a bike independently _____

Cannot ride a bike _____

Please give the telephone number at which you (parent/guardian) can be contacted during the visit in an emergency

HOME _____

WORK _____

Name of contact: _____ Relationship to child _____

Please sign below to indicate that:

✿ You are aware of the nature of the proposed visit to the Stackpole Outdoor Learning Centre and the activities offered and that you consent to your child named overleaf participating.

✿ You undertake to inform Stackpole Outdoor Learning Centre of any change in your child's fitness prior to the date of departure.

✿ .You have ensured that your child understands that it is important for their safety and for the safety of others that any rules and instructions given by staff are obeyed.

✿ You give your consent to National Trust Stackpole staff, in conjunction with school staff, to:

Allow your child to take any medication specified above

Call a registered medical or dental practitioner to prescribe treatment or medication if required

Administer emergency first-aid treatment as necessary

Every effort will be made to contact the parent/guardian in the event of an emergency.

Signature: _____ (Parent/Guardian) Date: _____

If you have any concerns about the activities or your child's well-being, please contact the school as well as attending any parents' evenings offered by your child's school.

I GIVE PERMISSION FOR BISHOP LOVEDAY STAFF TO ADMINISTER

PARACETMOL/CALPOL IF REQUIRED signed Date