

# Form 4:

## Parental Consent

Youth group: Penkford school

Outdoor education activities 2015 – 2016 school year

I agree to \_\_\_\_\_ 's participation in the activities described.

I acknowledge the need for..... to behave responsibly.

### 2. 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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#### B. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given, if necessary:

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#### c. Is your son/daughter allergic to any medication? If YES, please specify:

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#### E" When did your son/daughter last have a tetanus injection?

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**3. Declaration**

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

**Contact telephone numbers:** \_\_\_\_\_

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

Home address: \_\_\_\_\_

\_\_\_\_\_

**Alternative emergency contact:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Name of family doctor:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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

\_\_\_\_\_

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

**Full name (capitals):** \_\_\_\_\_

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