

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:

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:

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

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

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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