

# Form 4:

## Parental Consent

**Youth group: Penkford School**

**Outdoor education activities and off site visits 2019-20 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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