



PARENTAL CONSENT FORM

Child's Name.....
Date of Birth..... **School Year**.....
Visit to

1. I agree to the above-named child taking part in this trip and have read the information sheet.
2. The above-named child has been made aware of the need to behave responsibly and failure to do so will cause his exclusion from any subsequent off-Island trips.
3. Medical Information about the above-named child.
A) Any conditions requiring medical treatment, including medication, of which account should be taken YES / NO.
If YES, please give brief details:
.....
.....
B) Please outline any special dietary requirements of the above-named child:
.....
C) Detail the type of pain/flu relief medication the above-named child may be given, if necessary:
.....
D) Is the above-named child allergic to any medication? YES / NO
If YES, please specify
.....
E) When did the above-named child last have a tetanus injection?

4. Swimming Consent

a) Swimming may be included as an additional activity whilst on the trip. Please answer the following questions:

Is your child able to swim 50 metres?	YES / NO
Is your child water confident in a pool?	YES / NO
Is your child confident in the sea or in land water?	YES / NO
Is your child safety conscious in water?	YES / NO

- I would / would not like my child (Name) to take part in any swimming activity during the trip.
- I consent to any emergency medical treatment required by my child during the course of this activity.
- I confirm that my child is in good health and I consider him/her fit to participate.

Signed