

CORNWALL COUNTY COUNCIL EDUCATION DEPARTMENT
CONSTANTINE PRIMARY SCHOOL PARENTAL CONSENT FORM

School/Youth Group **CONSTANTINE PRIMARY SCHOOL**

Visit/Activity: **Treyarnon Bay Surf Camp**

Including visits to: Trevoze Headland, Lifeboat Station, various local beaches, Padstow town and harbour, Tamar Trails and Treyarnon Bay Youth Hostel.

25th-29th June 2018

I wish my son/daughterAge.....DOB.....

to be allowed to take part in the above mentioned residential and, having read the information provided, agree to him/her taking part in any of the activities described.

1. I consent to any emergency medical treatment or first aid required by my child during the course of the residential.
2. I confirm that my child does not suffer from any medical condition requiring regular treatment **OR** my child suffers from..... requiring regular treatment (e.g. diabetes, asthma, epilepsy, bed wetting, sleep walking) If your child suffers from a particular complaint, please give more details /treatments on the back of this form.

3. I consent to my child being transported in a mini bus hired from Vospers driven by qualified staff members or a staff car for the duration of this camp. **I will drop my child to School on Monday 25th June 8:55am and pick them up on Friday 29th June 3.15pm**

Please give the following details:

- A. Has your child, to your knowledge, been in contact with any infectious illness in the last 3 weeks? **Yes / No** If yes, please give details.....
- B. Is your child allergic to anything (e.g. antibiotics, elastoplast, aspirin, medicines or any food/drink, any dietary needs)? **Yes / No** If yes give details.....
- C. Is he/she actively sensitive to penicillin? **Yes / No** If yes please give details.....
- D. Is your child receiving any medical treatment at present? **Yes / No** If yes give details.....
- E. Date of last anti-tetanus injection:
- F. Can he / she swim 50m? **Yes / No**
- G. Name, Address & phone number of own Doctor:
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INSURANCE: Please note that there is a limited amount of cover for personal accident and loss of personal belongings through School Journey Insurance. Participants are covered by Cornwall County Council insurance in the event of negligence by one of it's employees or agents. Details are available on request.

PARENTAL CONSENT:

I have read the information provided and agree to my son/daughter taking part in the **2018 Treyarnon Bay** Residential Camp. I acknowledge the need for him/her to behave responsibly at all times. I understand that the staff responsible will take all reasonable care of participants. I consent to any emergency treatment necessary. I therefore authorise the party leader(s) to sign, on my behalf, any written form of consent required by the hospital authorities should medical treatment (a surgical operation or injection) be deemed necessary, provided that the delay required to obtain my signature might be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.

Signature of Parent/Guardian Date

1st Contact name and phone numbers:

2nd Contact name and phone numbers: