

### MEDICAL AND PARENTAL CONSENT TO RESIDENTIAL VISITS

### **RESIDENTIAL / FOREIGN VISIT TO: PGL**

Date: 7th -11th November 2022

Student's Name		
Date of Birth		
Class		
Parents' Surname (if different)		
In case of emergency contact 1	Name	
	Relationship to child	
	Day time telephone Number	
	Evening telephone number	
In case of emergency contact 2	Name	
	Relationship to child	
	Day time telephone Number	
	Evening telephone number	

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

I undertake to inform the Headteacher or Group Leader as soon as possible of any change in the medical circumstances of my child, after the date below.

### **BJS FEDERATION OF SCHOOLS**

Bonneville, Jessop & Stockwell Primary Schools

Bonneville Primary School Bonneville Gardens London SW4 9LB Tel: 02086731183

Email: admin@bonneville-pri.lambeth.sch.uk Web: www.bonneville-primary.lambeth.sch.uk **Executive Headteacher** 

Andrea Parker, BA (Hons), NPQH, NPQEL





# Success for today, prepared for tomorrow

I give consent for my child	I to be photo	ographed in connection with this trip. These
photographs may be disp	layed on the	school website, downloaded onto the school
network or given to the pu	upils as a kee	epsake for students on the trip, or to promote trips
in the future.		
Signed (Parent/ Carer)		
Date		
Medical Information		
Does your child suffer from	n any	Yes/ No
conditions requiring medi	cation or	
treatment?		
If yes, please give details:		
Is your child allergic to an		Yes/ No
medication or treatment?	·	
If yes, please give details:		
Date of last tetanus inject	ion:	
		Date received
		Unsure □
Details of Family Doctor	Name:	
	Telephone	
	Number:	
	1	

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	Surgery	
	Address:	
Does your child have any dietary		Yes/ No
requirements?		
If yes, please give details:		
(e.g. coeliac/gluten free,	/ dairy	
free/ nut allergy etc)		

This form must be completed **before** the trip to PGL.

Trip Leaders will take this form with them for reference or should it ever need to be used in the case of emergency.

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